

44854
COUNTY BOROUGH



OF SOUTHPORT.

REPORT

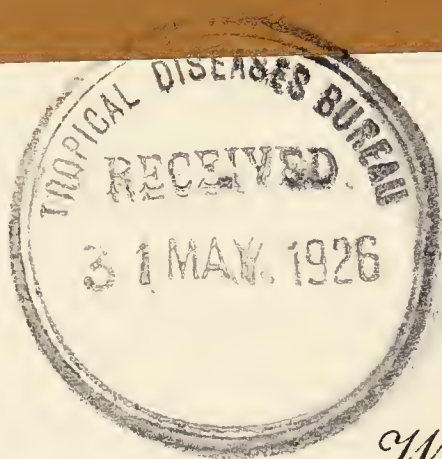
UPON THE

HEALTH AND SANITARY CONDITION

OF THE

County Borough of Southport,

FOR THE YEAR 1925.



2, CHURCH STREET,

Town Hall,

Southport.

*With the Compliments
of the
Medical Officer of Health.*



COUNTY BOROUGH



OF SOUTHPORT.

REPORT

UPON THE

HEALTH AND SANITARY CONDITION

OF THE

County Borough of Southport,

FOR THE YEAR 1925.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30119807>



INDEX.

Rateable Value 1st April, 1925 £717,194

Penny Rate yields... .. £2,820

	PAGE
Ashbins	35
Abatement of Nuisanees	36
Anti-Natal Clinie	47
Analysis of Samples	59
Atmospherie Pollution	72
Birth Rate	10
Babies' Home	48
Blind Welfare	55
Bacteriological Examination of Milk.....	61
Common Lodging Houses	13
Children under 5	51
Clinies—Time of Attendance	54
Cowkeepers and Purveyors of Milk.....	62
Death Rate	10
Diphtheria	18
Drainage and Sewerage	31
Day Nursery	50
Dental Maternity Clinie	53
Expectant and Nursing Mothers.....	51
Food and Drugs Acts	59
Faactory and Workshop Act	63
Geology	8
General Housing Conditions	13
General Sanitary Work	31
Housing Aecommodation	13
Housing Regulations, 1910	37
Health Visitors	40
Infectious Diseases	15
Isolation Hospital	18
Infantile Care	42
Life-long Users of Southport Water	preceding Page 67
Local Acts and Orders and Adoptive Acts and Byelaws	7
Measles	15
Maternity and Child Welfare	40
Midwives' Act	41
Maternity Hospital	43
Maternal Mortality	51
Meat Regulations, 1924.....	61
Milk	61
Meteorology	68
Non-Pulmonary Tuberculosis	25
New Isolation Hospital	19
Officers of Local Authority	5
Ophthalmia Neonatorum	50

	PAGE
Population	9
Publie Baths	14
Private Drains, Publie Flushing	32
Private Slaughterhouses	60
Removal of Refuse.....	31 and 38
Rats and Mice (Destruction) Act	39
Social Conditions	9
Smoke Abatement	35
Sanitary Inspection	35
Sanitary Certificates	37
Shop Inspection	38
Schools	39
St. Katherine's Home	49
Supervision of Food Supplies	57
Slaughterhouses	60
Stewart's Splint	27
Typhoid Fever	15
Tuberculosis	20
Tuberculosis Dispensary	20
Tuberculosis—Early diagnosis	29
Tuberculosis Order, 1925	61
Unsound Food.....	57
Vital Statistics—comparative	12
Vital Statistics	10
Venereal Diseases	15
Vaccination	17
Whooping Cough	15
Welfare Centres	48
Worn-out and Diseased Animals	62
Water Supply	65
Water Analysis	66
Water, Life-long Users of Southport.....	preceding Page 67
Zymotic Death Rate	11

TABLES.

I.	Vital Statistics.
II.	Notifieations of Infectious Disease.
III.	Causes of and ages at death.
IV.	Infantile Mortality.
V.	Infeetious Diseases, Notifications and deaths.
VI.	Infeetious Diseases, Removals to Hos- pital and deaths.
VIII.	Vital Statistics, 1912-1925.
IX.	Venereal Diseases.
Tuberculosis	20—25
Atmospheric Pollution	72

THE HEALTH COMMITTEE.

The Worshipful THE MAYOR,
(Councillor E. HADFIELD, O.B.E., J.P.)

Chairman : Alderman C. AVELING, J.P.

Vice-Chairman : Councillor A. O. SMITH.

Ald. F. HARLING, J.P.

Counc. Dr. E. W. LEWIS.

Ald. Dr. A. LIMONT, J.P.

Counc. Dr. J. RANKIN.

Ald. W. H. M. MAWDSLEY, J.P.

Counc. Miss RIMMER, J.P.

Ald. W. H. POTTS, J.P.

Counc. E. RIMMER.

Counc. Dr. G. R. ANDERSON, O.B.E., J.P.

Counc. V. SMITH.

Counc. J. R. BILLINGTON.

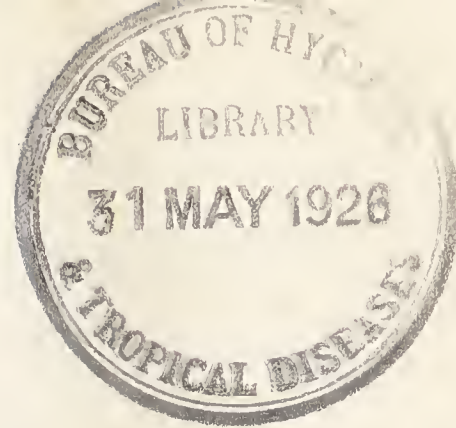
Counc. A. TOMLINSON.

Counc. Dr. H. COATES.

Counc. J. G. WILKINSON.

Counc. Miss HARTLEY, J.P.

Counc. A. YATES.



FOREWORD.

“He will run here and there for meat and grudge if he be not satisfied.”

Whilst writing this report it occurred in a moment of aberration to wonder to whom it is addressed. In the past, the idea, however it originated, seemed to be that the Annual Report was a report to the Local Authority setting forth the state and progress of the Public Health in the area, and including matters of peculiar local importance, in addition to the usual stereotyped statistics, comparisons it may be with similar places, and suggestions as to what further need be done, *et hoc genus omne*.

Recent Orders and Regulations of the Ministry of Health tend to review this impression, the Ministry apparently feeling that the report must be directed primarily to them. Circular 648 is the document which suggests this, for having “decreed in words succinct” with respect to the main headings to be followed, paragraph 5 goes on to say “it will of course remain open to the Council to direct that the report should be extended beyond the limits indicated in the preceding paragraph.” After this generous concession to the propensities of the Local Authority, it must be that, if the Ministry didn’t say that they will send back any report not ending “and your petitioners will humbly pray,” they forgot it.

One would fain hope that the demand for statistics and reports has at last reached its zenith, but pessimism prompts a fearful forecast of the time when the Medical Officer’s work will consist in supplying unending reports and statistics destined to come to abortive yet eternal rest in their appropriate pigeon-holes. Then it will be easy to compute his salary at the rate of so much per line.

We wish to record our appreciation of the help and advice of those Officials of the Ministry who have visited the area to investigate local methods and conditions. We regard them as personal friends and colleagues, and welcome them at any time.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE COUNTY BOROUGH OF SOUTHPORT.

MR. CHAIRMAN, LADIES, AND GENTLEMEN,

I have pleasure in presenting my Report for the year 1925.

It will be observed that it is largely re-arranged, and contains some matter not dealt with in previous reports.

In conformity with the wishes of the Ministry of Health, it is also a survey report of the last 5 years, intended to show the changes in the manifestations of the Public Health during that period.

Attention is specially directed to the Table (fo. 11) showing the remarkably high proportion of deaths occurring in the age period 65 and upwards; to the necessity for earlier diagnosis in Tuberculosis; and to the Table of Atmospheric Pollution (fo. 72) showing that Southport is practically in a class by itself for purity of the Air.

I hate anything that savours of making work, and everything of the kind has been excluded so far as possible.

It is desired to express the satisfaction experienced by the whole of the staff in working for the public benefit under your Committee.

I am,

Your obedient servant,

GEO. C. BARNES,

Medical Officer of Health.

March 31st, 1926.

PUBLIC HEALTH OFFICERS OF THE LOCAL AUTHORITY.

Medical Officer & School Medical Officer	G. C. Barnes, D.P.H.
Deputy ,, ,,	W. E. FitzGerald, D.P.H.
V.D. Medical Officer & Dermatologist ...	Dr. H. Bardsley, M.R.C.S., L.R.C.P.
Maternity Ward Obstetrician-in-Charge	Dr. A. S. Garden, M.D. Aberdeen ; L.M. Dublin.
Consultant Tuberculosis Officer	Dr. John Hay, M.D., F.R.C.P.
Nose and Throat Specialist 	Dr. C. Yorke, M.D., F.R.C.S. Eng.
Veterinary Surgeon 	H. G. Hewetson, M.R.C.V.S.
Analyst 	H. Davies, M.A., B.Sc., F.I.C.
Dentist 	J. Highton, L.D.S.
Do. 	Vacant.
Chief Sanitary Inspector	J. Peet (C.)
District Sanitary Inspector 	W. Halsall.
Do. 	K. Aspinwall (C.)
Do. 	S. J. Wilde (C.)
Do. 	G. Huggins (C.)
Food Inspector 	P. Wright (C.)
Shops Inspector 	G. Hadley (C.)
Ambulance Attendant and Infectious Disease Enquiry Officer 	H. Magee.
Ambulance Driver 	A. W. Armitage.
Clerk 	H. Griffiths.
Clerk 	E. Tetlow.
Chief Health Visitor 	Miss V. M. Willder (A.B.C.)
Assistant Health Visitor	„ A. Bullen (B.C.)
Do. 	„ E. Palmer (A.B.C.)
Do. 	„ M. Lewis (A.B.C.)
Do. 	„ M. Ritson (A.B.C.)
Do. 	„ E. Dearden.
Do. 	„ E. Sharrock (A.B.C.)
Do. 	„ E. McAllister (A.B.)
Dentist's Attendant 	H. Rimmer.
Clerk 	I. Lund.
Do. 	D. Illingworth.
Do. 	G. Singleton.
Caretaker, 2, Church Street 	Vacant.
Do. Slaughterhouses 	F. Beaton.
Do. Canning Road Baths 	S. Hodson.
Superintendent, Victoria Baths	Vacant.
Six Bath Attendants and Two Clerks ...	

Jointly with
Education Committee.

A.—Trained Nurse. B.—Central Midwives Board. C.—Royal Sanitary Inst.

MOSS LANE HOSPITAL,

Matron	...	...	...	...	Miss S. Coulter.
Assistant Matron	...	...	...	...	Vacant.
9 Nurses	...	...	...	...
Engineer	...	...	...	...	P. Barton
Porter	...	...	...	...	J. Seddon.
6 Maids	...	...	...	...

SHAFTESBURY ROAD HOSPITAL.

Matron	...	...	...	...	Miss N. B. Bannister.
4 Nurses	...	...	...	...
Porter	...	...	...	...	R. Roberts.
4 Maids	...	...	...	...

By the death of Mr. Alan Kendall, Chief Sanitary Inspector, the practical strength of the Department underwent a definite loss.

He was almost a life-long member of the staff, and his local knowledge and experience of Sanitary Law were altogether exceptional.

The extension of the building at No. 2, Church Street is almost complete.

The accommodation will then be ample for the administrative and clinical necessities of the Health Department and of the School Medical Service. In the meanwhile work has been hampered by the narrowness of the accommodation; and some work, in particular the examination of Tubercular Contacts, has consequently not been carried as far as we could wish.

The improved premises will very soon remove any such difficulties.

In connection with the Corporation Superannuation Scheme, a considerable number of examinations have been made for inclusion of persons in the permanent staff of the Corporation, as well as on the event of superannuation. This is work usually considered to be outside the province of the Medical Officer of Health.

**LOCAL ACTS, SPECIAL LOCAL ORDERS, SEVERAL ADOPTIVE ACTS AND
BYELAWS RELATING TO THE PUBLIC HEALTH, IN FORCE WITHIN THE
BOROUGH.**

LOCAL ACTS AND SPECIAL LOCAL ORDERS.

Southport Improvement Act	...	...	...	...	...	1865
Southport Improvement Act	...	...	...	...	...	1871
Southport Improvement Act	...	...	...	...	...	1875
Southport Improvement Act	...	...	...	...	...	1876
Southport Improvement Act	...	...	...	...	...	1885
Southport Corporation Act	...	...	...	...	...	1900
Southport Corporation Act	...	...	...	...	...	1913
The Southport Order	...	...	...	...	...	1920

GENERAL ADOPTIVE ACTS.

					Date of Adoption.
The Infectious Disease (Prevention) Act, 1890	...	...	...	...	1st December, 1890.
The Public Healths Acts Amendment Act, 1890	...	...	...	...	1st December, 1890.
The Baths and Wash Houses Acts	...	...	...	...	July, 1902.
Notification of Births Act, 1907	...	...	...	...	1st February, 1908.
The Public Health Acts Amendment Act, 1907 (Portions of Parts I to 10)	...	...	...	...	17th August, 1910.
The Public Health Acts Amendment Act, 1907 (Section 23)	...	...	...	...	2nd October, 1923.
The Public Health Act, 1925 (Parts II., III., IV., and V.)	...	...	...	...	1st December, 1925.

LOCAL BYE-LAWS.

Common Lodging Houses	...	...	...	...	...	1887
Prevention of Nuisances	...	...	...	...	...	1887
Offensive Trades	...	...	...	...	...	1887
Blowing and Stuffing of Meat	...	...	...	...	...	1888
Slaughterhouses	...	...	...	...	...	1910
Houses Let in Lodgings	...	...	...	...	...	1912
Removal of House Refuse	...	...	...	...	...	1920
Public Baths	...	...	...	...	...	1922
Tents, Vans and Similar Structures	...	...	...	...	...	1923

REGULATIONS.

Dairies, Cowsheds and Milkshops	1906
---------------------------------	-----	-----	-----	-----	-----	------

REPORT, 1925.

Population at Census, 1911.....	69,643	...			
Do. do. 1921.....	71,900				
Do. (estimated by Reg. Genl.), middle of 1925	74,260				
Area of Borough (Excluding Foreshore, 10,429 acres), acres	8,804				
		1921	1922	1923	1924 1925
Birth Rate	15.38	14.27	13.76	12.90	13.10
Death Rate (excluding Visitors).....	12.21	12.87	12.84	13.02	11.30
Do. Corrected (except for Age & Sex)	12.80	13.54	13.49	13.66	12.62
Academic Corrected Death Rate	—	—	—	—	10.70
Gross Death Rate	12.43	13.78	12.98	13.26	11.85
Death Rate, Zymotic Diseases	0.33	0.25	0.26	0.15	0.14
Infantile Death Rate	70	56	65	63	61

(For various other rates of previous years, see Table VIII., and Text *infra*.)

GEOLOGY.

The area consists of a bed of blown sand resting on peat, below which lies a bed of laminated blue clay. While the lower strata appear to be undergoing an exceedingly slow subsidence, any loss which might result from that circumstance is much more than made good by the continual accretion of sand derived from the Mersey, and land is rapidly reclaimed on the Foreshore at the expense of the navigable channel. The overlying sand on the East and South borders gradually thins out, exposing a margin of peat within the boundary of the area.

The elevation of the built-upon area varies from about 12 ft. to 38 ft. above Ordnance Datum. For a detailed analysis of the Geological conditions see "The Evolution of a Coast Line," Wm. Ashton (Stanford).

In 1914 the Corporation commenced the reclamation of land on the foreshore by means of house refuse, and between the years 1914 and 1922 completed the formation of Princes Park on what was formerly the Lagoon site enclosed by the Marine Drive. The area of this site was raised about 3 ft. 9 in. by tipping of house refuse and afterwards covered with sand, etc., on which grass was grown.

In 1921 the Corporation proceeded to enclose and fill in further areas on the North Foreshore, and since that date have enclosed an area of 30 acres. This is done by the formation of high banks of house refuse to exclude the Sea, the banks being covered with soil and sown with grass seeds. When the banks have been formed the area reclaimed is filled to the required level with refuse, covered with sand excavated on the site, and sown with grass seeds. The latter area will form an extension to the Municipal Golf Links.

1920-21. Construction of Model Yachting Pond, Princes Park.

1921. Commencement of enclosing and filling in North Foreshore as an extension to Municipal Golf Links. Area enclosed since 1921. 30 acres.

1922. Completion of Princes Park: 33 acres taken over by Parks Committee for recreation purposes.

1922. Formation of New "Pleasureland" and completion of second improvement of the South Marine Gardens by removal of River Caves and Water Chute. Area of Pleasureland 13 acres.

POPULATION.

The number of New Houses erected and completed during the year was about 630. The gain by excess of births over deaths was 36. The number of children attending Elementary Schools is practically constant for 5 years if allowance is made for Boys transferred to the Boys' Secondary School.

The Registrar General's estimate for the middle of 1924 was 73,650, and for the middle of 1925 was 74,260. which is adopted as a basis for the rates for 1925.

SOCIAL CONDITIONS.

The population is almost entirely residential, with the necessary ancillary occupations. There is one important motor works.

Poor Law Relief and other forms of Gratuitous Medical Relief are utilised in the Borough, as may be surmised from the following:—

Year.	Amount of Relief.	No. of Persons Relieved.
March, 1921	£3,831	936
„ 1922	7,541	2,432
„ 1923	9,461	2,316
„ 1924	10,037	2,346
„ 1925	10,192	2,451

The numbers treated at the Southport Infirmary during the last five years have been as follows;—

	1921	1922	1923	1924	1925
In-Patients—Total treated	1002	1103	1156	1334	1468
Out-Patients—do.	6610	7470	3490	3175	3425

Further assistance is given by the Southport and Birkdale Provident Society, and by the Southport and Birkdale District Nursing Society.

Vital Statistics.

BIRTH-RATE.

The "Corrected" Births numbered 973, of which 499 were males and 474 females. The resulting Birth-rate is 13.10. This is a slight increase on last year.

Year	Total Births	Legitimate Births	Illegitimate Births	Total Deaths	Total Rates	Deaths Legitimate	Rate per 1000	Deaths Illegitimate	Pate per 1000
1921	1106	1039	67	77	70	67	64	10	109
1922	1028	965	63	58	56	53	55	5	79
1923	996	937	59	65	65	55	59	10	169
1924	934	876	58	59	63	51	58	8	138
1925	973	917	56	59	61	54	59	5	89

DEATH-RATE.

The Death-rate for 1925, after deduction of non-residents registered in the District and the addition of residents not registered in the District, 12.62 per 1,000 per annum, has been attained by applying the number of Deaths, 937, to the Registrar-General's estimate of the population for the middle of the year, namely 74,260.

The number of deaths actually registered in the Borough and the Borough Infectious Diseases Hospital in Moss Lane was 880, of which 401 were males and 479 females. These figures give a gross Death-rate of 11.85 per 1,000 of the population.

If, however, from the above 880 deaths are deducted 41 deaths of visitors who came into the town in a precarious state of health, and died after only a short stay here, there remain 839 deaths ; from which, by calculation, a "local" death-rate of 11.30 per 1,000 is obtained.

The deaths of persons over 65 numbered 490, being 52 per cent. of the total deaths. The death-rate, 12.62, may be compared with the average death-rate of 13.22 for the five years 1921 to 1925 inclusive. The deaths from Organic Heart Disease and Respiratory Diseases show no striking change. In spite of the severe weather in November and December, which caused the deaths of many aged and ailing people, the mortality for the year shows a satisfactory decline. I still feel that the Population is somewhat underestimated.

With respect to the death-rate, 12.62, for 1925, as found above, it should be noted that correction has only been made by deduction of deaths of non-residents registered in this district and the addition of deaths of residents registered in other districts.

The Registrar-General has now supplied a Factor for Correction for Age and Sex, and on applying this to the above rate, an academically corrected death-rate of 10.70 is attained.

The rates for preceding years ought to be subject to a similar correction to render them comparable with the rate thus found, but the factor for correction for these preceding years has not been available.

RATIO OF DEATHS IN EACH OF THE VARIOUS AGE GROUPS TO TOTAL DEATHS (100).

	Under 1.	1-2	2-5	5-15	15-25	25-45	45-65	65 and Upwards.
1921.....	8.4	1.6	1.7	1.1	3.8	9.3	25.3	48.8
1922.....	5.9	1.1	1.8	1.2	3.9	8.6	27.4	50.1
1923.....	6.7	2.7	1.3	1.2	2.4	8.7	27.4	49.6
1924.....	5.9	2.0	1.5	1.0	2.8	10.0	23.9	52.9
1925.....	6.3	1.7	1.3	1.2	3.0	8.3	25.9	52.3

ZYMOTIC DEATH-RATE.

Eleven deaths, due respectively to Measles (3), Whooping Cough (2), Diphtheria (2), and Diarrhœa (4) gave a corrected Zymotic Death-rate of 0.14 per 1,000. This is a very satisfactory Zymotic Death-rate. Probably some, if not all, of the cases of Infantile Diarrhœa were not of an epidemic nature. It will be noted that this rate, satisfactory though it is, continues still further to decline.

CANCER, MALIGNANT DISEASE.

The number of deaths was 109—about the usual incidence. 13 per cent. of all deaths of persons 25 years and upwards were due to this condition.

TABLE X.—BIRTH-RATE, DEATH-RATE, and ANALYSIS OF MORTALITY DURING THE YEAR 1925.

	BIRTH-RATE PER 1,000 TOTAL POPULA- TION.	ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATE PER 1,000 BIRTHS.		PERCENTAGE OF TOTAL DEATHS.		
		All Causes.	Enteric Fever.	Small-pox.	Measles.	Scarlet Fever.	Whooping Cough.	Diphtheria	Influenza.	Violence.	Diarrhoea and Enteritis (under Two years).	Total Deaths under One year.	Causes of Death certi- fied by Registered Medical Practitioners.	Inquest Cases.	Uncertified Causes of Death.	
England and Wales	18.3	12.2	0.01	0.00	0.13	0.03	0.15	0.07	0.32	0.47	8.4	75	92.1	6.9	1.0	
105 County Boroughs and Great Towns, including London	18.8	12.2	0.01	0.00	0.17	0.03	0.18	0.09	0.30	0.43	10.8	79	92.1	7.3	0.6	
157 Smaller Towns (1921 Adjusted Populations 20,000-50,000).	18.3	11.2	0.01	0.00	0.15	0.02	0.14	0.06	0.31	0.38	7.6	74	93.0	5.9	1.1	
London	18.0	11.7	0.01	0.00	0.08	0.02	0.19	0.11	0.23	0.46	10.6	67	91.1	8.9	0.0	
Southport C.B.	13.10	10.70	0.01	Nil	0.04	Nil	0.03	0.03	0.35	0.44	4.1	61	93.6	3.3	3.1	

General Housing Conditions.

This is a comparatively young and quite modern town, and there are no "unhealthy areas" such as those contemplated by the Housing Acts. Houses occupied by the working classes are chiefly of the semi-detached six-roomed type, viz., parlour, kitchen, scullery, and three bedrooms. In the Corporation Housing Scheme, however, there are a considerable number of the non-parlour type erected and in course of erection. Almost every house in the County Borough has its own garden back and front.

Generally speaking, the housing conditions are good, and greatly in advance of those obtaining in most other towns.

No. of Inhabited Houses, year ending 31st March, 1921—Estimated	15,796
„ „ „ „ „ 1922 „	15,946
„ „ „ „ „ 1923 „	16,141
„ „ „ „ „ 1924 „	16,310
„ „ „ „ „ 1925 „	16,686

The above shews an increase of 890 in the 5 years ending 31st March, 1925. There were 630 new houses erected during 1925 to December 31st.

Total number of Houses (including numbers given separately under B) 630

(B) With State Assistance under Housing Acts—

(1) By Local Authority	...	...	...	...	...	153
(2) By other Bodies or Persons	...	...	...	...	...	202
Other than by State Assistance	...	...	...	...	...	275
						<hr/> 630 <hr/>

HOUSING ACCOMMODATION.

Six Hundred and Thirty Houses have been erected by private enterprise and by the Corporation during the year.

The cost of labour and materials, especially the latter, both for construction of new and repair of old houses, is still so high that in the presence of restriction on rent it is difficult to get any considerable amount of work executed.

There is still need for the provision of houses properly adapted for the use of manual workers and other persons with small means.

COMMON LODGING HOUSES.

There are five registered Common Lodging Houses in the Borough, the same number as last year. The conditions generally inside and out have been much improved. New beds and bedding have been provided, and wash basins with a constant supply of hot and cold water. Electric light has also been installed, and the waste water closets have been converted into self-cleansing fresh-water closets. In four of the houses only men lodgers are now taken in.

Public Baths.

VICTORIA BATHS

When the remodelling is completed the accommodation will be :—

Entrance Hall.

Offices.

Premier Plunge Bath, 75 ft. 0 ins. by 30 ft. 0 ins.

Competitors' Room.

First Class Plunge Bath, 75 ft. 0 ins. by 30 ft. 0 ins.

School Plunge Bath, 42 ft. 10 ins. by 25 ft. 10 ins.

21 Gentlemen's Slipper Baths.

24 Ladies' Slipper Baths.

Turkish Baths.

Laundry.

The new Plunge Baths are fitted with Ground Floor and Gallery Dressing Boxes, constructed in Marble Terrazzo with Teak Woodwork. The Premier Plunge Bath is specially fitted with a Spectators' Gallery for use when Polo Matches, etc., are held.

The Gentlemen's Slipper Baths are of three classes, the 1st Class being fitted with Shower Baths, and all are constructed of Marble Terrazzo and Teak Woodwork.

The Ladies' Slipper Baths are for three classes, all constructed as described above, and the 1st Class fitted with Shower Baths.

Continuous filtration of the water is arranged, and a filtration plant by Messrs. Bells of Denton, Manchester, is being installed.

A Water Softening Plant on the Permutit System is being installed.

The Laundry is being fitted with new and up-to-date machinery and appliances for dealing with the soiled towels and costumes, etc.

COMPTON ROAD BATHS

These Baths will contain the following accommodation, and occupy the site of the old Birkdale Filter Beds :—

10 Slipper Baths, each with hot and cold water supply, with the necessary lavatory accommodation.

Plunge Bath, 61 ft. 0 ins. by 45 ft. 0 ins.

Laundry and Heating Chambers.

Caretaker's Room, etc.

The Buildings are of brick, and the Plunge Bath will occupy the site of one of the old filter beds.

It is expected that these Baths will be completed in August next.

CANNING ROAD BATHS

The Baths were opened in the year 1903, and supplied a long felt want in the district.

There are six slipper baths, and one open-air bath 70 feet by 30 feet, fed direct from the town supply, and holding 45,000 gallons. The water is heated by a Saville upright boiler, coke-fed. The persons using the open-air bath during the season May to September inclusive average 20,000. The numbers using the slipper baths average 5,789 per year.

Infectious Diseases.

DISEASE.	NOTIFICATIONS.					DEATHS.					CASE MORTALITY.				
Year	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925	1921	1922	1923	1924	1925
Scarlet fever	13	2	7	16	4	3	—	—	1	—	23.08	—	—	6.25	—
Measles	129	168	101	107	132	—	2	—	—	—	—	1.19	—	—	—
Whooping cough	109	42	37	35	44	5	1	1	—	2	4.58	2.4	2.7	—	4.54
Diphtheria	890	170	1064	288	672	2	1	9	2	3	0.22	0.59	0.84	0.69	0.45
Cough*.....	293	208	121	292	240	5	9	—	4	2	1.70	4.32	—	1.37	0.83

* Only first case in a house in two months is notifiable.

INCIDENCE RATE PER 1,000 POPULATION.

				Small-pox	Scarlet Fever	Diphtheria	Enteric	Puerperal	Erysipelas
d Wales	...	...	...	0.14	2.36	1.23	0.07	0.06	0.39
...	...	...	...	Nil	1.78	0.62	0.05	0.01	0.50

TYPHOID FEVER.

Houses—4.

Cases—4.

E.M.	(F)	29	Laundress	Not Enteric.
B.S.	(M)	15	Bricklayer's Apprentice	Origin not made out.
W.A.	(M)	41	Engineer	Definite Carrier only.
W.J.T.	(M)	50	Business Man	Infected in another district.

WHOOPING COUGH.

Cases—242.

Deaths—2.

Incidence slight and mild type.

MEASLES.

Cases—672.

Deaths—3.

Incidence moderate and mild type.

VENEREAL DISEASE.

	Out-Patient Attendances.	In-Patient Days.
1921	9188	2323
1922	11130	2144
1923	8883	1327
1924	8436	1314
1925	9506	1476

Work has proceeded satisfactorily through 1925.

There has been a decrease in the number of fresh cases of Primary Syphilis and an increase in the new cases of acute Gonorrhoea.

The attendance of women, particularly in the second half of the year, both at the Clinics and for daily treatment, has shown a marked increase, and has secured gratifying results.

The treatment of Ophthalmia Neonatorum has been carried out very thoroughly by the nursing staff, and I am pleased to say we have not had one case of blindness—that is to say, the cures have been quite complete.

(a) DETAILS OF THE COUNCIL SCHEME.

The Council Scheme came into action on February 3rd, 1920, an agreement being concluded with the Southport Infirmary. The scheme provides three clinics a week, two male and one female. Dr. Henry Bardsley is the V.D. Officer, and his deputy Dr. A. Roby Jones.

DIAGNOSIS AND TREATMENT.

Daily intermediate treatment for women, 2-30 each day ; for men open all day from 8-30 a.m. to 7 p.m.

(b) THE EXTENT TO WHICH THE SCHEME HAS BEEN ADOPTED.

At the beginning of the scheme there were 28 patients under treatment at the ordinary out-patients' department of the Infirmary, which were temporary buildings used for treatment of soldiers during the late war. These premises were rented by the Corporation and converted (*inter alia*) into a Hospital for the treatment of V.D. They consist of :—

2 six-bedded wards.

3 single wards.

Sister's sitting-room.

1 Gonorrhoea treatment room.

1 Syphilis treatment room.

Male and Female waiting rooms.

3 Irrigation cubicles.

V.D. Officer's consulting room.

2 bathrooms, lavatories.

2 store-rooms and kitchen accommodation.

The scheme adopted by the Corporation has been developed to the fullest extent, and these buildings have made a very satisfactory Centre for the treatment of V.D.

(c) ADEQUACY OR OTHERWISE OF THE PROVISION MADE.

The Department is fully adequate, and fulfils all necessary requirements for diagnosis and treatment.

(d) THE LINES ON WHICH THE SCHEME REQUIRES TO BE MODIFIED AS A RESULT OF EXPERIENCE.

It does not require to be modified.

(e) THE EXTENT TO WHICH THE CO-OPERATION OF THE MEDICAL PROFESSION HAS BEEN OBTAINED.

During the past year, 1925, 166 specimens of blood have been sent by local Practitioners for Wassermann Tests ; and local Practitioners attend for consultation, and for experience in treatment and diagnosis. The Corporation have a contract with the Southport Infirmary for the use of the Pathological Laboratory for Vaccines, Cultures, Urine Tests, Blood Tests, Smears, and other Pathological work ; and of these, as well as of the clinical side, full advantage is taken by local Practitioners.

(f) STEPS TAKEN TO SECURE THAT INFORMATION AS TO THE FACILITIES FOR DIAGNOSIS AND TREATMENT IS READILY AVAILABLE ; READINESS OR OTHERWISE OF PATIENTS TO AVAIL THEMSELVES OF THESE FACILITIES.

The V.D. Centre is advertised in all the public lavatories and workshops ; and lectures are periodically given under the auspices of The Venereal Disease Protective Society ; during the past five years over 2,000 persons have availed themselves of the free treatment provided.

Clinics are held on Mondays and Thursdays between 5-30 and 7-30 p.m. for men, and on Tuesdays between 1-30 and 4-30 for women. In the intervals between the Clinics, the Department is open all day for irrigation and each day at 2-30 for women.

HENRY BARDSLEY,
V.D. Officer.

VACCINATION.

Appended is a Table showing the percentage of unvaccinated infants less than six years of age, found during Medical Inspection of School Children. With only some thirty per cent. of the rising generation protected there is obviously developing plenty of material for a wide epidemic of Smallpox. This is the result of permitting individuals to decide in matters on which they are not cognisant of the facts which should determine their conclusion.

		Boys.		Girls.
1909	.....	13.0	.....	14.1
1910	.....	8.3	.....	9.1
1911	.....	4.2	.....	4.7
1912	.....	23.9	.....	21.8
1913	.....	44.0	.....	45.4
1914	.....	50.8	.....	55.7
1915	.....	53.6	.....	49.6
1916	.....	55.6	.....	50.4
1917	.....	60.2	.....	57.5
1918	.....	63.4	.....	63.6
1919	.....	68.8	.....	67.1
1920	.....	68.5	.....	66.7
1921	.....	73.0	.....	68.4
1922	.....	69.0	.....	73.6
1923	.....	69.0	.....	68.0
1924	.....	76.4	.....	72.8
1925	.....	72.9	.....	74.6

ISOLATION HOSPITAL.

A number of severe and dangerous cases of various nature have been dealt with during the year, as well as many cross infections. Cases admitted with Scarlet Fever, for instance, have broken out presently with Measles and Chicken-pox. In spite of the difficulty of handling these in the old Hospital, never adequately planned when it was built, and to-day both obsolete and tumble-down, the Matron and Nursing Staff, through their patience, industry, and professional skill, have secured results which deserve the highest commendation, especially during the exceptionally severe weather of November and December.

SCARLET FEVER—2nd ATTACKS.

We are getting an extraordinary little series of second attacks of Scarlet Fever occurring in the course of the treatment of the primary. I am not now referring to what are called "Isolation Hospital relapses." In spite of the grave deficiency of accommodation at the old Hospital in Moss Lane, no case of Scarlet Fever is ever admitted to the Scarlet Fever Wards unless a diagnosis has been completely established, and we have been invariably successful in not infecting a case of something else with Scarlet Fever.

The cases referred to are those in which the patient has had an unquestionable and characteristic attack of Scarlet Fever, often of decided severity and in which the second attack of undoubted Scarlet Fever occurs during the treatment. A typical case is that of one patient with smart Scarlet Fever with all its typical stigmata which, about the end of the third week, when brisk and massive desquamation was in progress, developed a second and undoubted typical attack. This second attack in our experience is of moderate and slight severity and is easily controlled.

DIPHTHERIA.

39 were admitted to the Hospital during the year. Two were of the laryngeal type. One of these, an adult, had extension of the membrane to the large bronchi. In this case serum treatment proved to be all that was necessary, and a total dose of 72 thousand units was given. In the other, a girl, aged $2\frac{1}{2}$ years, it was found necessary to operate, with satisfactory results.

THE NEW ISOLATION HOSPITAL.

REPORT ON THE PROGRESS OF WORK.

Contractors : Messrs. JONATHAN PARTINGTON LTD., Middleton Junction, Manchester.

Amount of Contract, £80,000.

Work commenced, 18th August, 1925.

Present Position of the various buildings :—

ENGINEERS' COTTAGES—Roof timbers fixed. LODGE—Brickwork up to roof level. DIPHTHERIA BLOCK—Brickwork completed to roof level. SMALL FEVER BLOCK—Brickwork proceeding, about 3 feet above ground level. LARGE FEVER BLOCK—Footings completed. T.B. PAVILION—Footings completed. OBSERVATION BLOCK—Brickwork about 3 feet above ground. DISCHARGE BLOCK—Footings completed. NURSES' AND SERVANTS' QUARTERS AND KITCHEN—Footings completed. POWER BLOCK—Not yet commenced. DRAINAGE AND DUCTS—Well advanced.

Progress has been delayed by the shortage of Bricklayers, but better headway is now being made.

The bulk of the brickwork suffered badly in consequence of the severe frost in November, and had to be taken down and rebuilt.

Total number of men on the site, 72.

Tuberculosis Report.

Cases notified ;—

	Pulmonary.	Non-Pulmonary.	Total.
Males	36	17	53
Females	38	19	57
	—	—	—
	74	36	110

Of the above, the insured numbered :—

	Pulmonary	Non-Pulmonary
Males	28	4
Females	14	2
	—	—
	42	6

Duplicate notifications excluded.

DISPENSARY.

Tuberculosis cases ; 1st visits	82
Re-visits	1320
Contacts visited.....	3932
Contacts examined by Tuberculosis Officer	40
Clinical examinations by Tuberculosis Officer ;	
1st examinations.....	82
Re-examinations	541
Clinical examinations by Consulting Officer	50
Pts. seen by Health Visitor at Dispensary	806
Hours in Dispensary.....	561½
Total visits to Dispensary	1479
Individual patients attending Dispensary	258

NEW CASES AND MORTALITY DURING 1925.

Age Periods.					New Cases.				Deaths.			
					Pulm'ry.	Non-Pulm'ry.	Pulm'ry.	Non-Pulm'ry.	Pulm'ry.	Non-Pulm'ry.	Pulm'ry.	Non-Pulm'ry.
					M.	F.	M.	F.	M.	F.	M.	F.
0	...	...	...	...	...	...	...	...	...	...	...	...
1	...	...	...	...	...	...	2	6	1	...	...	2
5	...	...	...	...	1	2	10	3	1	...	...	...
10	...	...	...	...	...	2	1	6	...	1	1	...
15	...	...	...	...	4	5	1	...	1	3	1	...
20	...	...	...	...	3	8	1	2	1	2	1	...
25	...	...	...	...	9	9	2	1	3	8	2	...
35	...	...	...	...	9	7	...	...	5	3	...	1
45	...	...	...	...	5	4	...	1	6	8	...	1
55	...	...	...	...	4	1	...	...	5	1	...	...
65 and upwards	...	...	...	...	1	...	...	...	1	...	...	...
Totals	...	...	...	...	36	38	17	19	24	26	5	4

TABLE 1.

Annual Return showing the work of the Dispensary during the year 1925-

DIAGNOSIS	PULMONARY.				NON-PULMONARY.				TOTAL.			
	Adults		Children		Adults		Children		Adults		Children	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous ...	35	34	1	4	4	4	13	15	39	38	4	19.....110
(b) Doubtfully tuberculous	2	4	1	1	—	—	—	—	2	4	1	1.....8
(c) Non-tuberculous	1	—	—	—	—	—	—	—	1	—	—	.....1
												119
CONTACTS examined during the year :—												
(a) Definitely tuberculous ...	—	—	—	—	—	—	—	—	—	—	—	—
(b) Doubtfully tuberculous	8	10	14	11	—	—	2	—	8	10	16	11.....45
(c) Non-tuberculous	11	10	14	15	1	—	2	—	12	10	16	15.....53
												98
CASES written off the Dispensary Register as												
(a) Cured	12	4	2	3	1	4	9	7	13	8	11	10.....42
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error)	15	15	14	15	2	—	2	—	17	15	16	15.....63
												105
NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) No Record of Sputum ...	4	12	1	2	—	—	—	—	4	12	1	2.....19
(b) Diagnosis completed ...	30	64	5	8	12	12	28	21	92	76	33	29.....230
(c) Diagnosis not completed	10	14	15	12	—	—	2	—	10	14	17	12.....53
(d) Not in Receipt of Public Health Treatment	22	20	1	1	2	5	1	3	24	25	2	4.....55
												357

Old Cases 33
New " 65
(1925)

1. Number of Persons on Dispensary Register on January 1st, 1925 ...	Notified Cases 336. Contacts 33. Total 369	9. Number of patients to whom Dental Treatment was given, at or in connection with the Dispensary ...	12
2. Number of patients transferred from other areas and of "lost sight of" cases returned ...	Nil.	10. Number of consultations with medical practitioners :— (a) At Homes of Applicants ... (b) Otherwise ...	25 33
3. Number of patients transferred to other areas and cases "lost sight of"	23	11. Number of other visits by Tuberculosis Officers to Homes ...	Nil.
4. Died during the year ...	59	12. Number of visits by Nurses or Health Visitors to Homes for Dispensary purposes ...	1402
5. Number of observation cases under A (a) and B (b) above in which period of observation exceeded 2 months ...	38	13. Number of (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made in connection with Dispensary work	521 60
6. Number of attendances at the Dispensary (including Contacts)...	1519	14. Number of Insured persons on Dispensary Register on the 31st December ...	129
7. Number of attendances of non-pulmonary cases at Orthopaedic Outstations for treatment or supervision	Nil.	15. Number of Insured persons under Domiciliary treatment on the 31st December ...	58
8. Number of attendances, at General Hospitals or other Institutions approved for the purpose, of patients for (a) "Light" treatment ... (b) Other special forms of treatment...	Nil. 1	16. Number of reports received during the year in respect of Insured persons :— (a) Form G.P. 17 ... (b) Form G.P. 36 ...	10 Nil.

31st December, 1925.

GEO. C. BARNES,
Tuberculosis Officer.

TABLE II.—RESIDENTIAL INSTITUTIONS.

(A) AVERAGE NUMBER OF BEDS AVAILABLE FOR PATIENTS DURING THE YEAR 1925.

—	Pulmonary Tuberculosis.		Total.
	“ Sana- torium ” Beds.	“ Hospital ” Beds.	
Adult Males	10	8	18
Adult Females	3	13	16
Children under 15 .....	...	...	...
TOTAL	13	21	34

(B) ANNUAL RETURN SHOWING THE EXTENT OF RESIDENTIAL TREATMENT DURING THE YEAR 1925.

			In Instituti'ns on Jan. 1.	Admitted during the year.	Discharged during the year.	Died in the Instituti'ns	In Instituti'ns on Dec. 31.
Number of Patients	Adults	M.	9	28	24	4	9
		F.	11	21	17	4	11
	Chil- dren.	M.	1	4	1	...	4
		F.	1	6	5	...	2
	Total		22	59	47	8	26

PART III.

Annual Return showing the immediate results of treatment of patients and of observation of doubtful cases discharged from Residential Institutions during the year 1925.

Classification on admission to the Institution.		Condition at time of discharge	Duration of Residential Treatment in the Institution.												
			Under 3 months			3-- 6 months			6--12 months			More than 12 months			TOTAL
			M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	Quiescent	—	—	—	5	1	1	—	—	1	—	2	—	10
		Improved	—	2	—	1	1	—	—	—	—	—	—	—	4
		No material improvement	1	—	—	—	—	—	—	—	—	—	—	—	1
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 1.	Quiescent	—	—	—	1	1	—	—	—	—	—	—	1	3
		Improved	1	1	1	2	—	—	1	—	—	1	—	—	7
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Class T.B. plus Group 2.	Quiescent	—	—	—	2	—	—	—	—	—	—	1	—	3
		Improved	—	1	—	1	1	—	—	2	—	3	—	—	8
		No material improvement	—	—	—	—	—	—	—	—	—	—	—	—	—
		Died in Institution ...	—	—	—	—	—	—	—	1	—	—	—	—	1
	Class T.B. plus Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	1	—	1
		Improved	—	—	—	1	1	—	—	—	—	—	—	—	2
		No material improvement	3	—	—	—	—	—	—	—	—	—	—	—	3
		Died in Institution ...	2	1	—	3	1	—	—	—	—	—	1	—	8

TABLE IV.—PULMONARY.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1925, arranged according to the years in which the Patients first came under Public Medical Treatment for pulmonary tuberculosis, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.				Previous to 1926					Previous to 1926				
				Class T.B. minus.	Class T.B. plus.				Class T.B. minus	No record of Sputum			
					Group 1	Group 2.	Group 3.	Total (Class T.B. plus.)		Group 1.	Group 2.	Group 3.	Total
ALIVE.	Discharged as cured.	Adults	M.	29	8	1	1	10	...	21	2	...	23
			F.	11	1	...	...	1	...	28	...	...	28
		Chil-dren.	M.	5	2	...	...	2	...	4	...	...	4
			F.	3	1	...	...	1	...	15	...	...	15
	Disease arrested.	Adults.	M.	14	7	3	...	10	...	1	2	...	3
			F.	16	8	4	2	14	...	5	2	...	7
		Chil-dren	M.	3	...	...	...	...	...	1	...	...	1
			F.	3	2	1	...	3	...	...	1	...	1
	Disease not arrested.	Adults	M.	11	10	23	12	45	...	1	...	...	1
			F.	7	2	12	13	27	...	3	1	1	5
		Chil-dren	M.	...	2	...	...	2	...	...	...	...	...
			F.	1	1	...	...	1	...	1	...	...	1
DEAD.	Adults	M.	13	8	28	93	129	...	3	10	49	62	
		F.	3	4	22	76	102	...	2	9	33	44	
	Chil-dren	M.	...	...	1	3	4	...	...	1	4	5	
		F.	1	...	...	4	4	...	...	2	1	3	
LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER				38	17	28	20	65	...	33	10	14	57
Totals				158	73	123	224	420	...	118	40	102	260

TABLE IV.—NON-PULMONARY.

Annual Return showing in summary form the condition of all Patients whose case records are in the possession of the Dispensary (or Dispensaries) at the end of 1925, arranged according to the years in which the Patients first came under Public Medical Treatment, and their classification as shown on Form A.

Condition at the time of the last record made during the year to which the Return relates.				Previous to 1926.				
				Bones and Joints.	Abdominal	Other Organs.	Peripheral Glands.	Total
ALIVE.	Discharged as cured.	Adults	M.	5	...	...	13	18
			F.	3	...	1	12	16
		Chil-dren.	M.	8	6	1	45	60
			F.	5	8	5	38	56
	Disease arrested.	Adults	M.	4	1	2	2	9
			F.	3	...	...	2	5
		Chil-dren.	M.	4	3	...	7	14
			F.	2	1	...	8	11
	Disease not arrested.	Adults.	M.	2	...	1	...	1
			F.	3	1	1	2	7
		Chil-dren.	M.	6	2	2	4	14
			F.	2	1	...	7	10
DEAD.	Adults	M.	5	...	1	...	6	
		F.	3	1	3	...	7	
	Chil-dren.	M.	2	...	5	...	7	
		F.	2	6	2	3	13	
TRANSFERRED TO PULMONARY.				1	1	1	6	9
LOST SIGHT OF OR OTHERWISE REMOVED FROM DISPENSARY REGISTER				12	2	2	19	35
Totals				72	33	27	168	300

The Tables, though not much to look at, have been completed as a result of a vast amount of work by the professional and clerical staff, and I doubt whether the result justifies the time and trouble involved. It has been imagined that these Tables have been asked for by the Ministry in an endeavour to raise the standard of efficiency amongst the Dispensaries through the country ; although most Dispensaries have their records on which to base their figures yet it is questionable whether the result is a true gauge of efficiency ; the results may be likened to a country which has an army good and sufficient on paper but probably insufficient and inefficient in fact. Moreover, it is exceedingly *unlikely* that the figures given from various places are comparable.

TUBERCULOSIS SCHEMES.

There is one Tuberculosis Dispensary, at No. 2, Church Street. Staff includes the Tuberculosis Officer, Assistant Tuberculosis Officer, and one whole-time Tuberculosis Nurse ; and the Consultant Tuberculosis Officer visits the Dispensary from time to time as required.

The Local Authority's Sanatorium of 34 beds is situated at Shaftesbury Road. Twenty-two of the beds are Ward or Hospital beds, and twelve are Shelter beds.

In addition, cases have been sent to the following Sanatoria :—Meathop, Grange-over-Sands, Ventnor, Blencathra, Maghull, and King Edward VII. Sanatorium, Midhurst. In these Sanatoria no definite number of beds is rented by the Authority, but cases are sent as the demand for them arises.

Advanced cases are admitted to the local Sanatorium for the purposes of isolation, but early cases are admitted there also. As a rule the cases sent out of the Borough are in the early stages of the disease. The Assistant Tuberculosis Officer attends at the local Sanatorium.

The Tuberculosis Officers are the School Medical Officers, so that there is a complete co-ordination between these branches. There is also close co-operation with the local Infirmary with respect to Tuberculosis ; occasional patients are sent to outside Hospitals. A scheme has recently been inaugurated whereby school children suffering from surgical Tuberculosis of the bones and joints, as well as other orthopaedic cases, may be admitted to the Bradstock-Lockett Orthopaedic Home at Marshside within the Borough. It is hoped to extend this scheme so as to include children under school age.

A satisfactory degree of co-operation has been effected between the Medical Practitioners and the Tuberculosis Department. Many cases of doubtful diagnosis are seen in consultation, and it is hoped that this number will continue to increase. With respect to Insured cases, the arrangements as set out in Memo. No. 286 have not been altogether satisfactory so far, but an effort will be made to increase the number of reports received from Insurance Practitioners. But, although the initial and progress reports are few in number, all insured cases are followed up and the majority attend at the Dispensary for supervision. Moreover, the majority of insured patients are seen at the Dispensary, either for diagnosis when they are referred to the Dispensary by the Medical Practitioners, or immediately after notification by the Practitioners.

Doubtful cases are sent for to attend the Dispensary for re-examination at intervals until the diagnosis is established ; many of these are also examined by the Consultant Tuberculosis Officer on the occasions of his visits.

The Tuberculosis Nurse endeavours to obtain the attendance of all contacts at the Contact Clinic, which is carried on by the Tuberculosis Officer. Contacts of school age are seen in the schools at the time of the routine medical inspection, and at the school clinics.

Apart from the usual methods of clinical examination, the X-ray has been used in a number of cases. During 1925, 60 X-ray examinations were made. In some cases this was done in an endeavour to make a diagnosis in doubtful cases, and in others to determine the extent of the disease.

Artificial Pneumothorax has been attempted in two cases which were considered suitable ; but it was found impossible to effect a collapse of the lung on account of adhesions. In our experience only a small number of cases are suitable, and the time involved in the treatment of such cases is out of all proportion to the possible benefit to be gained. Furthermore we regard it as inadvisable to attempt initial treatment in the absence of an X-ray, as it is highly desirable that the admission of air and the resulting displacement should be controlled at the time by X-ray observation. It would appear to us that Artificial Pneumo-thorax, if it is to be of value, should be carried out at an earlier stage than that usually recommended.

Recently a small number of patients have been treated by means of Dr. Samuel H. Stewart's *Lung Splint*. It is recognised by experts in Tubercular Disease that there is a greater chance of its arrest and cure if the lesion occurs in a part of the body which can be immobilised ; and it is equally well known that the great majority of deaths from Tuberculosis result from the presence of the disease in organs the activity of which cannot be efficiently controlled.

Stewart in discussing the Splint, lays stress on the necessity for complete rest in bed in the case of a toxic and pyrexial patient ; but *he goes further* and insists that even after a normal temperature has been achieved, the *local rest* must continue. He points out that Toxaemia is much more easily overcome by ordinary Sanatorium regime than is the disease itself. The underlying principle of the Splint is that local rest is necessary to produce local healing. This is a step further than Sanatorium treatment, which depends firstly on a general reduction of the Toxaemia, and secondly on the improvement in condition assisting and encouraging local healing.

Again, it is common knowledge that in a healed lesion of the lung the chest wall becomes retracted, and, as it is usually expressed, "the heart is pulled over to the side of the fibrosed lung." A truer and more enlightening explanation of the change in the position of the heart and mediastinum is given by Stewart when he states that this is due, not to the pull of the fibrosed contracted lung, but to a successful endeavour on the part of the healthy lung to compensate for the reduction in tissue in the diseased lung. This has been borne out even in the short time our patients have been wearing the Splint. In the two cases first supplied with Splints, the heart is definitely pushed over to the side on which the Splint is worn, and this has been the case long before anything of the kind could have been the result of contracting fibrous tissue. In addition, the compensation is shown by a better oxygenation of the blood, the colour of the patient improves, and cyanosis is lost.

Lung splinting as suggested and devised by Stewart differs widely in its method from that of Artificial Pneumo-thorax. In the latter, lung compression is aimed at, and with the positive pressures necessary to obtain it, interference with the blood supply of the affected lung follows and must hamper the efforts of the tissues to stem the advancing disease. These positive pressures also render it impossible for the sound side to compensate to the fullest extent.

The results in a successful application of Artificial Pneumo-thorax are very dramatic, the chief manifestation being the immediate amelioration of Toxaemia following the reduction of absorption of the Toxins from the diseased lung, consequent upon the control of its physiological activity.

It is claimed on the other hand that with this Splint, as a result of the control of the expansion and contraction of the damaged lung, there is a slow and steady diminution in the amount of expectoration and a reduction in Pyrexia, and signs of compensation become evident on the sounder side; these being evidences of the diminished activity of the disease which cannot subsequently be prejudiced, as is the case in Artificial Pneumo-thorax consequent on re-expansion. This claim appears to be founded on sound reasoning and worthy of very thoughtful consideration.

In the small number of cases which we have subjected to this Splint, the short time they have been under treatment renders more definite statements inadvisable, but it is felt that this is a valuable aid to the ordinary methods of Sanatorium treatment.

Vaccines for mixed infection have been used in one or two cases, but the results continue to be disappointing.

DENTAL TREATMENT.

In connection with the local Sanatorium, an Honorary Dentist was appointed in April, 1923, with most satisfactory results. He undertakes all urgent work, and in many cases, by arrangement with the Insurance Societies, carries out artificial denture work.

The Authority pays a contract rate of 1/6 per patient per week on account of patients in Meathop Sanatorium for all dental treatment which may be required, including artificial dentures.

Extra nourishment is given in suitable cases to Tuberculosis patients on Domestic or Dispensary treatment. The number of patients in receipt of this during 1925 was 59.

The arrangements for the treatment of surgical Tuberculosis in children have been dealt with above. That in connection with adult cases leaves much to be desired. The number of available beds in Hospitals for these cases is so small that it seems almost impossible to obtain the admission of such patients to a suitable Hospital; and this is finally effected often after grave loss of time on the waiting-list.

There is no After-Care Committee in Southport, and after-care is carried out principally by the Tuberculosis Nurse.

There is no local arrangement for finding employment for patients.

One shelter was loaned to a patient during the year; this is visited from time to time by the staff.

EARLY DIAGNOSIS.

For some years past we have commented on the difficulty in getting in touch with cases of Pulmonary Tuberculosis before these are hopeless. There have been signs of improvement in this regard ; and the facilities for diagnosis and treatment obtainable at the Dispensary have been taken advantage of more and more. But much is left to be desired, as will be seen by the following cases :—

(1) Miss A. was seen by her doctor in November. She was told that she was suffering from Bronchial Catarrh. At that time she was anaemic, had lost weight, and had both cough and expectoration. *Four months later* another doctor was called in consultation, and an X-ray photograph was taken, disclosing extensive flocculent opacities over the whole of the left side and most of the right side. *A month after the X-ray was taken* the Tuberculosis Officer was asked to visit, and agreed with the doctor that the case was hopeless with a “ prognosis ” of about one month.

(2) Miss B. was treated by her panel doctor in ——shire for twelve months on account of cough, expectoration, neurasthenia, and loss of weight. Finally at the end of 1925 she was signed off the panel as fit for work. Miss B. stated that she consulted a nerve specialist, who examined her and told her that she was neurotic and required a month's rest in Southport, after which she would be better to occupy her mind by working. A friend enquired of the specialist if her lungs were sound. The answer was “ Yes, quite sound.” A few days later in Southport she called in Dr. ——, who diagnosed Pulmonary Tuberculosis. The sputum was examined and found to be positive. She was then seen in consultation by the Tuberculosis Officer, and found to be an advanced third stage case with no “ prognosis.” Later she was removed to her home by motor car, being unfit to travel by train !

(3) Mr. C. was seen by Dr. —— on August 2nd, who diagnosed Pulmonary Tuberculosis. The Tuberculosis Officer was asked to arrange for Sanatorium treatment, and was invited to examine the case prior to arranging for the admission to a suitable Sanatorium. At the time of his visit the patient was sitting up on a chair close to the window, he had extreme dyspnoea. The whole of both lungs were riddled with Tuberculosis, and the patient died in seven days.

(4) Mr. D. was gassed while on active service in 1916. His cough remained. He attended Dr. —— for 34 months after demobilisation in 1919. He had “ Influenza ” in 1924 with cough, copious expectoration and streaking of the sputum with blood, and night sweats. Mrs. D. was dissatisfied, and called in Dr. ——, who diagnosed Pulmonary Tuberculosis. Mr. D. was then examined at the Tuberculosis Dispensary, and found to have a large cavity in the right upper lobe ; the sputum was positive, and he died 8 months later.

(5) Miss E. was under Dr. —— for cough and pyorrhoea for twelve months, there being a bad family history. At the end of which period she was notified as Tuberculosis of Larynx and Lungs. The Tuberculosis Department was asked to arrange for her admission to a Sanatorium. On examination she was found to have extensive signs of active Tuberculosis in both lungs, in addition to the Laryngeal condition. She is still alive, but there is no “ prognosis.”

These are typical cases out of a considerable number.

EARLY SIGNS.

“ Many slight ill-defined ailments are due to unrecognised Tuberculosis ” (*Osler*).

The early signs include the following :—Cough almost invariably present but not always ; “ the cough which won’t get better ” ; expectoration may or may not be present ; Dyspepsia ; Anaemia ; increasing weakness ; slight afternoon fever ; frequent pyrexial attacks resembling Influenza ; Pleurisy ; Haemoptysis ; Enlargement of the cervical glands ; malaise ; too easy fatigue ; “ that tired feeling ” in a young, active subject ; indefinite nervous manifestation, with loss of weight ; Neurasthenia ; a history of liability to catch cold ; “ Catarrh ” ; neglected colds leaving a cough ; Bronchitis ; Asthma ; prolonged convalescence after acute infections (*e.g.*, Influenza or Pneumonia) ; Rectal Abscess or Anal Fistula ; pain in the chest, either acute or dull and aching (*e.g.*, aching pain over one shoulder).

In the presence of any one or more of these conditions every available resource for diagnosis should be brought into action without delay, to secure adequate treatment while yet there is time.

The above has been written, not from the point of view of captious criticism nor under any delusion of self-sufficiency, but with the sole desire to point out that in the interests of the patient the most immediate and careful examination should be instituted in each case. Most doctors will agree that the examples given above are in a high degree deplorable. All work is open to criticism, but if the work be conscientious, then avoidable calamity will rarely happen. But the man who never made a mistake never made anything.

General Sanitary Work.

DRAINAGE AND SEWERAGE.

Until the extension of the Borough Boundary in 1913, the Birkdale District had its own district sewerage system and sewage works, and the Ainsdale District was served with a wet ashpit system, the only sewers being for surface water.

On the amalgamation becoming an accomplished fact, the whole area was linked up with the old Southport Main Drainage System (which was originally designed with this possibility in view), and the whole of the sewage is now dealt with at Crossens on modern lines by continuous settlement tanks and percolating filters.

The old Southport sewers were designed on the "combined" system, those in Birkdale on the "partially separate" system, and the new sewers in Ainsdale are strictly on the "separate" system, as the sewage flow from this area has to be pumped at least once (and sometimes twice) before reaching the Outfall Works, where it has to be lifted again to the settlement tanks.

With the exception of certain small areas, the present system deals satisfactorily at present with the developed area of the town, but the main outfall sewer is showing signs of reaching its maximum capacity, and some means will have to be adopted before long to relieve the sewer, and also to drain large areas of land, particularly to the south and the east of the Borough, which at present are undeveloped, and in any case cannot drain into the existing main sewer owing to ground levels, etc.

Only 24 cesspools are in existence in the Borough.

There are at the present time 127 privies in the Borough. Of these, 87 are outside the sewer area. Of the remaining 40, 22 are at the present time under notice to convert into self-cleansing water-closets. One attached to the gardener's cottage at a large house cannot be drained into the public sewer, owing to the contour of the land; we have had a good pattern earth closet fixed, and the cottage drained into a cesspool in the back garden. Three are attached to cottages which are to be demolished in order to make room for modern buildings. The other 14 cases will be reported to the Local Authority during the next few weeks, and it is expected that during 1926 all the privies within the sewer area will be converted.

SCAVENGING AND REFUSE REMOVAL.

The highways of the Borough are cleansed by a regular gang of about 40 scavengers, who work on the "beat" system, each man having a specified round to cover in a definite period.

Additional men are engaged during the "Season" to maintain the centre of the town, the Promenade, and the Pleasure Gardens in a condition creditable to the Borough.

The house refuse is removed weekly by means of the "container" system of collection, which is both efficient and economical.

The bulk of the premises are now fitted up with movable dustbins, and the remainder are being dealt with as occasion offers.

GENERAL SANITARY WORK.

The following Table shows the nature and amount of work done during the year by the Highways Department under orders sent to it by the Health Department, and also the corresponding figures for the two preceding years :—

	1923		1924		1925
Houses drained or re-drained	*201	.....	*447	.....	*470
House drains unstopped	530	.....	483	.....	629
Midden privies converted into W.C.'s	19	.....	22	.....	27
Bristol ejects and trough closets converted into fresh-water closets	37	.....	25	.....	23
Wet ashpits converted into dry	0	.....	0	.....	0
Sundry structural nuisances abated ...	197	.....	233	.....	216
Totals	984	.....	1210	.....	1365

*Including new connections at Ainsdale.

Further work exceeding in the aggregate that referred to in above table, has been completed under Private Contract.

PUBLIC FLUSHING OF PRIVATE DRAINS.

On the completion of the Main Sewerage System of Southport in 1878, the Council, in pursuing their policy of improving the Sanitation of the Borough, turned their attention to converting the Conservancy System of closet accommodation to the Water Carriage System. The "Bristol Eject" Water Privy in an objectionably modified form was adopted. This type of convenience, flushed by the waste-water from the house passing the trap at the bottom of it, was then alleged to be efficient. It was installed by the Builder as cheap in itself and as obviating the necessity for extensive and costly plumbing and for the use of fresh and expensive water. The town could lump it, or pay the difference out of the rates. In practice, however, it was soon obvious that this modified Bristol Eject, unless daily scrubbed internally and flushed from the seat with clean water, soon became a foul nuisance, especially where there was a large family with only one closet to the house. To palliate the failure of the modified Bristol Eject, the Council was presently obliged to institute (as might have been expected) a system of flushing private drains and cleansing the Bristol Closets, charging the cost on the rates.

The modus operandi was to send men systematically round with buckets (about 2 gallons capacity), scrapers to scrape the faecal accretions from the stand-up pipes under the Bristol Closet Basins; small round brushes

to clean out the drain gulleys, scrub the gratings and mud-boxes, bell traps, Liverpool traps, and lip-traps where such existed ; and a short piece of hose pipe with a universal union to convey water from the domestic tap in the house to the bucket in the yard, so as to obviate the need for the man to carry water from inside the house to the drain-gulleys, and so prevent spilling of water. For a time the men were also supplied with various disinfectants—liquid or solid.

This arrangement continued in force, with variation in the frequency of visits to houses, from about 1889 to the early years of the Great War, when it was discontinued on the ground of expense and shortage of labour.

During the last twenty-five years, the Sanitary Inspectors have caused many hundreds of mud-boxes, bell traps, etc., to be removed, and simple gratings substituted, thus rendering it much easier for the people—particularly women—to clean drain-gulleys themselves ; this many of them do more or less regularly, either themselves or their servants. It is mostly at the middle-class houses, where the domestic servants problem is most acute, that this essential work is not carried out. Domestic servants will not do the work at most houses of this class, especially in cases where it entails carrying water across a large yard, to a Bristol Eject Closet. Again householders have not, as a rule, the necessary implements for the work.

The method adopted by the Council left something to be desired. They scraped and cleansed the Bristol Closet, and scrubbed and washed out the gulleys, washing all the foul material into the drain ; but they lacked one very important essential, namely, a large tub or metal drum (capacity about 10 gallons) with which to discharge a large volume (in a short time) of water into the head of the drain to drive all the foul matter, washed in by cleansing the gulleys and Bristol Closets, into the sewer in the street, and thus remove the filth away from the precincts of the dwelling.

The number of blocked drains opened by the Council (apart from unknown numbers dealt with by private contractors and others) during the last twenty years is as follows :—

1903	...	636	1913	...	657
1904	...	608	1914	...	613
1905	...	526	1915	...	754
1906	...	521	1916	...	802
1907	...	550	1917	...	833
1908	...	567	1918	...	761
1909	...	460	1919	...	913
1910	...	575	1920	...	641
1911	...	566	1921	...	524
1912	...	719	1922	...	555

As the years pass there is an increasing tendency on the part of the public to expect the Local Authority to do more and still more for them. No one has recently suggested that each householder should supply his own water, empty his ash-pit, and cleanse the street in front of his dwelling.

The statement that, owing to the flatness of the District, the house-drains are too flat to convey the sewage away, should not be allowed to go unchallenged, for such is not the case. The falls are in almost all cases sufficient, or can be made so, and the alterations are put in hand as the individual necessity is discovered. Not one in a thousand is incapable of correction.

Whatever may have been the origin of this practice of drain flushing by the Authority, it is undeniable that the custom constituted an advance, ahead of other places, in the public care of the general health. In certain great steps which have been taken in the past, a specific saving of life and health can be attributed to a given step; for instance, in the cases of Public Water Supplies, Isolation Hospitals, and Vaccination. In many others, such as public Emptying of Ash-pits, Abolition of Privies, and Cleansing the Street, it would be difficult closely to define the specific advantage which has accrued, but the general advantage is universally and completely admitted. This argument applies to the Public Flushing of Private Drains and Gulleys.

The House Gulleys, particularly Gulley under Scullery Sinks, are scarcely ever effectually cleaned, at any rate with sufficient frequency to insure that they will be innocuous. It is perfectly obvious that it is better to cleanse the gulley three times in the year than never to do it at all. An argument has been made that the half-dozen elect who at present have their gulleys effectually cleansed with considerable frequency would cease to have this done, should the Corporation cleanse them three times in the year. This cannot be supported. These few people appear to have realised that the Scullery Trap and gulley are the most dangerous things about a house, and certainly will not discontinue their present practice of very frequent cleansing because somebody else is going to do it for them three times a year. These Gulleys and Traps become densely coated with Fats and Insoluble Soaps in an active state of decomposition and competent to harbour a number of dangerous organisms.

It has been argued further that Flushing three times a year is of no value, as between the flushing the gulleys rapidly become foul again. It would be as reasonable to argue that it is no use for a man to wash his face as it will become dirty again.

It is admitted that Flushing three times a year is of service as now done at the Schools and Institutions, and it is difficult to see the difference in nature between these and private houses.

In a health resort such as this, the advertisement value of having all the Health Service on a standard ahead of that of other places is obvious. We want to be able to say with truth that our arrangements are a pattern for our rivals to emulate; we are already in that happy position in a large number of respects. Let it apply to all, or at any rate to as many as possible.

Flushing the drains of private houses by the Corporation was recommenced on 12th October, 1923.

The number of men at present engaged in doing the work is 12; and they flush and cleanse the drain gulleys and closets of each house in the town four times during the year. In addition, one man and a youth devote their attention to the Hospitals, Schools, and Public Institutions, and get round these twelve times during the year.

The number of occasions on which gulleys were flushed during 1925 was 75,023, and grids were flushed during the same period 186,048 times.

Public flushing of private drains cost the Local Authority £33 17s. 6d. per week—£1,761 10s. 0d. in 1925.

It appears to be generally ignored that the duty of cleaning his drains devolves on the occupier of the house, like that of cleaning the front door step ; and the Local Authority cannot be expected to take over every function of the individual citizen.

Public flushing of private drains has, we trust, an educative effect in teaching the individual householder that some definite thing about his dwelling, in particular the kitchen gulley, requires constant attention to keep it in order lest it become dangerous to his own health.

ASHBINS.

Ashbins should be used for the temporary deposit of ashes and other similar refuse not subject to decomposition ; hence the name " Ashbin." It is nevertheless the custom to pile into the ashbin everything which it is wanted to get rid of, and which, being out of sight, can also be out of mind.

It would be an advantage if people would endeavour to get rid of and destroy at the house more of the refuse than they do ; in particular it would be better if worthless waste paper could be burnt at the house instead of being placed in the ashbin.

SMOKE ABATEMENT.

There are practically no factory chimneys requiring observation. Large chimneys, however, are watched with great persistence, and very little ground for complaint arises.

I refer to the table (*infra*) giving deposits from the atmosphere here and elsewhere, which completely demonstrates the remarkable relative clearness of the local atmosphere.

ABSTRACT WORK OF SANITARY INSPECTORS.

Total Visits	30258
Complaints received from public	1220
<hr/>	
Inspections on complaints	1220
Miscellaneous Inspections	6443
Houses completely inspected—for in-going tenants, sickness, etc. ...	653
Re-inspections relating to sanitary defects under notice, etc.	2805
Routine Inspections of Special Premises :—	
Factories and Workshops, including Bakehouses	335
Common Lodging-houses	224
Stable Premises	99
Offensive Trades	13
Milk Shops	301
Smoke Observations (one hour each)	65
Sanitary Defects Remedied :—	
Houses re-drained, or drains amended, etc.	568
Privies, etc., converted into W.C.'s	94
Miscellaneous Nuisances, etc., remedied	1105
<hr/>	
Total	13925
<hr/>	

Notices Served for Abatement of Nuisances, etc :—

Verbal	63
Preliminary	295
Statutory	382
Sewer complaints reported to Highway Dept.	37
Sanitary Certificates issued	12

Infectious Diseases :—

Inquiries into Cases	1637
Patients removed to Isolation Hospital	147
Houses disinfected	361
Bedding disinfected	408
Schools disinfected	3
Stables and Cowsheds disinfected	5
Notices to School Attendance Officers	2060
Notices to Free Library	1686
Notices to School Medical Officer	1756

Consumption :—

Cases notified	110
Pulmonary	74
Non-Pulmonary.....	36
Number of Visits to Tuberculosis Patients	1402
Patients' Visits to Dispensary	1479
Examined by Tuberculosis Officer	623
Enquiries—Contacts	3932

ABATEMENT OF NUISANCES.

Only 5 per cent. of the total Nuisances reported remained wholly or partly unabated at the end of the year. Viewed in the light of the present prevailing difficulties, this is to be considered extremely satisfactory.

REPORT ON ABATEMENT OF NUISANCES FOR THE YEAR.

It represents	1672
Cases of which	1587
(95%) have been satisfactorily complied with. The rest are under enquiry as to progress made.	

The remaining number (including 2 Ainsdale Drainage Cases) 85
are classified as follows :—

Partially complied with	5
Withdrawn or deferred by Health Committee.....	0
Passed to Surveyor to carry out under powers	7
Deferred for further negotiation	27
Referred to Town Clerk by Health Committee	0
Deferred on Advice of Town Clerk	0
Unoccupied	2
Change of Owner	0
Work in Progress	14
In Contractors' Hands	30

SANITARY CERTIFICATES.

Householders are strongly advised to have the Drains and Sanitary Fitments of their dwellings inspected and tested triennially. These occasional examinations act as an insurance against sickness from environmental defects.

HOUSING (INSPECTION OF DISTRICT) REGULATIONS, 1910.

ARTICLE V.

	1921	1922	1923	1924	1925
Houses completely inspected for various causes	555	430	664	553	653
Reports made under Housing Acts, 1909 and 1919	172	85	45	28	16
Notices served under the said Housing Acts	172	82	41	33	15
Houses reported under Section 17 for closing	0	1	1	0	6
Houses considered to be in a state so dangerous or injurious to health as to be unfit for human habitation.....	0	1	1	0	6
Closing Orders made by Local Authority	0	1	0	0	6
Dwelling-houses closed after Closing Orders.....	0	0	0	0	3
Houses reported under Section 15 and Section 28 for repairs necessary to put such houses into a fit state for human habitation	172	84	45	28	16
Notices served under Sections 15 and 28	172	81	41	33	15
Orders under Sections 15 and 28 complied with by Owners	126	61	28	15	5
Orders carried out by Local Authority under the powers of the Act	8	0	0	0	0
Orders not complied with under Section 17	0	1	1	0	0
Orders not complied with under Section 15 and Section 28	38	1	17	13	10
New Houses Erected and Certified	65	72	70	309	630
Houses closed on Owners' initiative	1	5	0	0	0

SHOPS' INSPECTION.

Much of the Inspectors' time is occupied in patrolling, and in the greater part of this no entrance that can be included in the count of visits set out in the Table below is involved. The table includes evening visits.

Total Visits	2638
--------------------	------

Breaches of Shops' Acts Discovered :—

Trading during prohibited hours	52
Assistants not getting full time for meals	7
Assistants not getting Weekly Half-holiday.....	8
No Notice in Shop <i>re</i> Weekly Half-holiday	26
No Notice in Shop <i>re</i> Closing Day	5
Shop Seats—Absence of	—
No Notice in Shop <i>re</i> Mixed Business	30

Action taken as to offences :—

Warned verbally	97
Warned by letter	20
Reported to Local Authority	11
†Prosecutions	11
Night Patrol—Hours	58

† Eleven Prosecutions.....One fined 20/-, Five fined 10/- each, One fined 7/6, Three fined 5/- each and One ordered to pay costs.

THE REMOVAL OF HOUSEHOLD REFUSE.

	1921	1922	1923	1924	1925
Estimated Amount of Refuse removed from					
Borough Loads	17206	15662	13845	13952	14128
Number of Ashpits replaced by Ashbins					
during the year	4250	5478	783	91	42

This shows an increase of 176 loads compared with the previous year. It should be noted that a “load” now signifies a much heavier weight than formerly, owing to the substitution of large motor vehicles for horse-carts.

RATS AND MICE (DESTRUCTION) ACT, 1919.

The numbers of Rats and Mice in the area are by no means excessive.

1921	Notices served	.....	34
1922	„ „	.....	10
1923	„ „	.....	39
1924	„ „	.....	Nil
1925	„ „	.....	4

We have no difficulty in getting any measures we suggest taken. In fact the occupiers of premises show as much anxiety to get rid of the rodents as we do.

PUBLIC ELEMENTARY SCHOOLS.

There are 17 Public Elementary Schools in the Borough. Two of these have been erected by the Council in recent years, and are built on modern principles. All the Schools are at the present time being dealt with by the Schools Medical Officer in an exhaustive and detailed report on the whole of the structures, fittings, etc.

All the School Buildings are supplied with the town's Water.

(See also the Report of the School Medical Officer).

Maternity and Child Welfare.

The Health Committee has adopted the Scale of Fees for doctors called by a Midwife in emergency under the Midwives' Act where the family is unable to pay.

There are four Welfare Centres; at Hampton Road, High Park, Liverpool Road, and Crossens. There is a Central Voluntary Committee with a separate Sub-Committee for each Centre. The Health Visitors attend on all occasions.

The Health Committee have arranged a system of co-ordination with the Southport Babies' Home, The Shelter of Compassion, and The Southport and Birkdale Day Nursery. In virtue of this arrangement the Corporation were to pay the various Institutions, as a subsidy, 25 per cent. of their net expenditure for each financial year; the net expenditure being reckoned as their gross approved expenditure less their earned income. This is in addition to a 50% grant paid by the Ministry of Health. The amount of this grant is subject to modification in the ensuing financial year.

TRAINING AND DUTIES OF HEALTH VISITORS.

In the Memorandum Explanatory of the grants which will be made by the Ministry of Health for the Training of Health Visitors, Circular 557 deals with the training and duties as given below:—

“ 3. The duties of a Health Visitor vary according to the district in which she is employed. Her primary duty consists in the home visiting and general supervision of children under school age in her district; she is also usually expected to attend at the Maternity and Child Welfare Centre and may be called upon to advise the mothers on a variety of questions concerning the care and upbringing of their children, as well as their own personal health and hygiene during pregnancy and lactation. In addition, her duties may frequently include school nursing, visiting of tuberculosis patients, making special inquiries or investigations, and so forth. It is therefore necessary that a Health Visitor should possess not only good sense and an acceptable personality, but also the trained mind and the professional qualifications which will enable her to deal wisely with the problems which may come before her. There appears to be general agreement that as a rule the duties of a Health Visitor can best be carried out by a woman who has been trained as a hospital nurse, is a certificated midwife, and has passed through a special course of training designed to equip her with a knowledge of the preventive and public health aspects of her work.

Paragraph 7 deals with “ Refresher ” courses, and is quoted as follows:—

“ 7. The Minister is anxious that facilities should be provided for those who are already engaged in Health Visiting to obtain occasional “ Refresher ” courses, and he is prepared to approve the payment by Local Authorities of the reasonable expenses of their Health Visitors (including fees, maintenance, and travelling expenses)

in attending whole-time courses lasting from two to four weeks and designed with a view to extending both their practical and theoretical knowledge. It is hoped that such courses will be organised in London and other large centres by bodies familiar with the kind of instruction required and having special facilities for obtaining suitable lecturers. The expenditure incurred by Local Authorities in connection with courses of this kind, which have been arranged with the Minister's approval, will be eligible for grant under the Maternity and Child Welfare Regulations. . . ."

Paragraph 9.

"9. It will be observed that, under the conditions of grant, new entrants to the profession of Health Visiting will be required to devote 3½ or 4 years to their training for this work. This consideration will no doubt be taken into account by Local Authorities in fixing the rates of salaries of their Health Visitors, and the Minister trusts that in all cases the salaries offered will be sufficient to attract and retain qualified women who can reasonably be expected to render efficient service."

MIDWIVES' ACTS, 1902 & 1928.

Number of Midwives in practice at the end of the year..... 19
 16 of whom hold the Certificate of the Central Midwives Board. They are visited regularly by the Inspector of Midwives about once a quarter when their Registers, Midwives' Bag, and Appliances are examined. During the year 676 Births were notified to the Local Supervising Authority by the Midwives ; medical help being obtained for 56 cases.

The following Table gives the causes for which the Midwives required medical assistance during the year 1925 ;—

Mother	{	Ruptured perineum	22
	{	Uterine inertia	11
	{	Abnormal presentation	4
	{	Pyrexia	1
	{	Eclampsia	1
	{	Anti-partum hæmorrhage	2
	{	Chest trouble	1
	{	Adherent placenta.....	2
	{	Exhaustion.....	1
			—
			45
Child	{	Inflammation of eyes	1
	{	Premature	4
	{	Dangerous Feebleness	6
			—
			56

STILLBIRTHS (Corrected).....	54
Number notified by Medical Practitioners	23
,, ,, Midwives	34
Number of Births notified by Medical Practitioners	398
,, ,, ,, Midwives	676
Number of Births notified (corrected)	1036

INFANTILE CARE.

Births notified to M.O.H. ; Legitimate	997
,, ,, ,, Illegitimate	39
Births not notified	12
,, ,, (1924)	29
Infants visited at home	938
,, stillborn	53
,, who died within 24 hours of birth	7
,, breast fed	742
,, partly breast fed	38
,, artificially fed	98
,, removed	0
Ante-natal cases : 1st visits	177
Re-visits	412
Post-natal cases ; 1st visits	955
Re-visits	3234
Infants ; 1st visits	938
Re-visits	3221
Children seen at home—1 to 5 years	4731
Infants seen at home—Sore eyes	14
Deaths of infants under 1 year of age ;—	
Breast fed	30
Artificially fed	14*
Died under 24 hours	12
Too good to visit	1
	—
	57

*13 infants were fed with the boat-shaped bottle, and 1 was fed with a pipette.

Maternity Hospital.

MATERNITY HOMES AND HOSPITALS.

The Corporation Maternity Hospital, Curzon Road, is the only recognised establishment of this nature in the Borough. It is very popular, especially with women who attend the Treatment Centres.

At the present time there is no Institution specifically prepared for the reception of expectant and nursing mothers ; but the Maternity Hospital will afford in-patient treatment in certain cases.

BEDS.	22
(1) Number admitted.	264
(2) Average duration of stay.	14 days.
(3) No. of cases delivered by	
(a) Midwives	219
(b) Doctors.....	45
(4) Cases in which medical assistance was sought by the midwife with reasons for requiring assistance.	45
(a) Ante-natal.	(a) 1 Eclampsia.
(b) During labour.	4 Ante-Partum Hæmorrhage.
(c) After labour.	6 Caesarean Sections (including 1 out of above Ante-Partum Hæmorrhage).
(d) For infant. Nil.	(b) 3 Impacted Breech.
	2 Prolapse of Cord.
	27 Persistent Occipito-Posterior (including 2 Craniotomies).
	(c) 3 Adherent Placenta.
(5) Cases notified as puerperal sepsis with result of treatment in each case.	None.
(6) Cases in which temperature rose above 100.4° for 24 hours with rise of pulse rate.	6
(7) Cases notified as ophthalmia neonatorum with result of treatment in each case.	1 Transferred to V.D. Ward ; later discharged Cured.
(8) Cases of " Inflammation of the eyes," however slight.	5
(9) Infants not entirely breast-fed while in the Institution, with reasons why they were not breast-fed.	7 1 Mother refused to feed. 3 sets of twins breast-fed, with supplementary feeds.
(10) Maternal deaths, with causes.	1 Phthisis and Influenza.
(11) Foetal deaths (Stillborn or within 10 days of birth).	13 Stillbirths. 8 Deaths.

REPORT OF CLINICAL MEDICAL OFFICER.

Of the 264 cases on the statistical sheet enclosed, I was called on to deliver in 45.

1. The ECLAMPSIA case and all cases of threatened Eclampsia have been treated according to the treatment recommended by the Dublin School.

2. IMPACTED BREECH. All Breech cases are corrected in Primiparae at the Ante-Natal Clinic. Six cases in all were so treated, and a seventh case I failed to turn after three successive attempts on different days. This was one of the Impacted Breech cases.

3. PROLAPSE OF CORD. Was a Multipara and Podalic Version was done. In the second case, cord was put back and delivery successfully effected by forceps.

4. PERSISTENT OCCIPITO-POSTERIOR POSITION. I consider it most important to correct every Occipito-posterior Position, or there is sure to be severe laceration of vaginal walls and rupture of perineum. Many Occipito-posterior Positions correct themselves as we have watched them from week to week at the Ante-Natal Clinic. In some cases we apply a binder and pad to help correction, but the effect is very unconvincing ; it very often fails to rotate the child, and one cannot presume that the case would not, like many others, have corrected itself unaided. When labour starts and an Occipito-posterior Position persists when the os is three parts dilated and membranes intact, it is the duty of the Sister-in-Charge to let me know, and I rupture the membranes, manually rotate the head, and apply forceps. As will be seen from the statistical report, this had to be done on 27 occasions.

5. ANTE-PARTUM HAEMORRHAGE. In one case this was due to Accidental Hæmorrhage, and in three cases to Placenta Praevia. In two cases of Placenta Praevia, Caesarean Section was done, and both mothers did well and one child survived ; in the other case treated by Podalic Version and letting labour continue, the baby was stillborn. In the interests if both *mother and child* I consider the best treatment to be Caesarean Section.

6. ADHERENT PLACENTA. There were three such cases, and in each the placenta had to be removed manually ; and it was noted at the time that each of those placentae had a calcified-looking portion, though this condition is also sometimes noted in placentae which separate normally.

During the year we had one Maternal Death. The patient was in an advanced stage of Phthisis. After the baby was born she developed Tubercular Pleurisy and Influenza, and died. As involution of the uterus was slower than normal and because she was running a temperature, the patient was explored by the curette, but was found normal.

There was also a Maternal Death after removal to surgical ward (separately reported on and referred to in following paragraph).

There were no cases of Puerperal Sepsis, but one case (reported fully on December 26th) was suspected of being so by the Surgeon who operated on her for broad-ligament abscess.

There were six cases of Puerperal Morbidity (including the two cases above referred to) ; and I attribute this low incidence to strict Asepsis rigidly carried out by our most competent Sister, to our practice of repairing all lacerations and perineal tears, however small, and to Sister McCallum's splendid after-care of those cases.

There were six mothers delivered of Twins, only one baby being stillborn.

Induction of labour was resorted to nine times. Four cases were for disproportion between foetal head and maternal pelvis, one for Post-Maturity with macerated foetus, one for Heart Disease and Varicose Veins, and two for Albuminuria.

CAESAREAN SECTION was done six times. Two of the cases were given a trial in labour first, and two of the cases were multiparae ; one had had Caesarean Section previously, and one a difficult labour previously with dead child.

Two of the operations were for Placenta Praevia and four for Contracted Pelvis.

CAESAREAN SECTIONS—5 in number.

The recovery in 5 cases was uninterrupted ; in the 6th, a temperature of 102° occurred, but the patient made a complete and good recovery.

All the infants lived except one, in the case of a Central Placenta Praevia.

The average duration of stay in hospital was 3 weeks after the operation.

TWO CRANIOTOMIES had to be performed, and they were emergency cases sent to us after repeated attempts outside with forceps. Neither developed a morbid temperature, but one was given a prophylactic anti-streptococcal serum.

SIX CASES OF MORBIDITY.

1. Mrs. N. Primipara. Head not entering pelvis although measurements were normal. A vaginal examination was made and a quantity of pus escaped (non-gonococcal). She was given a trial in labour with good pains for four hours—head not engaged. Caesarean Section done.

2. Mrs. L. Normal confinement, but though the uterus became firm and apparently well contracted, the height was at umbilicus at the end of 12 days.

3. Mrs. O. Primipara. 72 hours in labour. This was an undiagnosed Occipito-posterior. The abdomen was very oedematous and the amniotic sack very tense, which made abdominal palpation most difficult. There was prolapse of cord by foetal head. Forceps applied and delivered as Occipito-posterior with much laceration and tearing, which was only partially repaired.

4. Mrs. A. Four days in labour—difficult delivery with elbow prolapsed by neck.

5. Mrs. B. Died of Influenza and T.B. Pleurisy.

6. Mrs. Y. Transferred to Surgical Ward for Abscess in Broad-ligament.

DEATHS IN MATERNITY WARD.

MOTHERS.

1. Age 34. Died December 15th. "Tuberculosis, Influenza."
2. Patient admitted July 2nd at 2½ months, suffering from Hyperemesis and Albuminuria. There was a discharge (Negative G.C.) Temperature 100.2°. Patient was discharged July 8th free of all symptoms, except a slight discharge.

The patient was again admitted on December 7th and delivered of twins by forceps on the following day. On December 10th there was a temperature of 99.8°, and on December 11th, 103°, and on December 12th, 104°. There were no localising symptoms, and involutions of the uterus was normal.

On the 17th, there was complaint of pain in the right iliac region and some tenderness and resistance on palpation.

Patient was transferred to the Surgical Ward on the 18th, and a definite slightly movable lump was found in the right iliac region.

At the operation the same day the lump was found to consist of a thickened Fallopian Tube, and an enlarged Ovary containing a quantity of fluid; the broad ligament was found to contain several collections of pus, which were opened and drained (the pus contained streptococci). In spite of this the patient succumbed.

INFANTS.

1. Age 12 days. Died January 15th. "Ict. Neo."
2. Age 4 days. Died March 3rd. "Circumcision followed by Haemorrhage."
3. Age 40 hours. Died June 2nd. "Atelectasis."
4. Age 2 days. Died June 8th. "Atelectasis."
5. Age 8 hours. Died August 5th. "Atelectasis."
6. Age 20 days. Died December 4th. "Ascites."
7. Age 9 days. Died December 16th. "Prematurity."
8. Age 9 days. Died December 16th. "Prematurity."

13 STILLBIRTHS.

1 Placenta Praevia; 2 A six-months macerated foetus; 3 Impacted Breech; 4 Forceps after 72 hours in labour; 5 Emergency case, baby post-mature; 6 Placenta Praevia (Central) Caesarean Section; 7 Six months baby; 8 Craniotomy; 9 Placenta Praevia; 10 A first twin; 11 Craniotomy; 12 Forceps delivery; 13 Placenta Praevia by Podalic Version.

ANTE-NATAL CLINIC.

The attendances at the Ante-Natal Clinic are most satisfactory. We see there on an average 16 and 18 cases a week, and in my opinion it is the most important branch of our work.

When the patient books, if she is a Multipara, details are obtained of previous confinements, and these are entered on the chart. According to the nature of the reports on this, a time for her attendance at the Clinic is arranged. If the patient is about her sixth month or over, she is requested to come up the following Friday. A Primipara is always seen at the Clinic as early as possible and advised about diet, bowels, dress, exercise and rest.

The Urine is examined every month till the end of the 9th lunar month and then every week till term. If Albumin is present, particularly if it appears during the last month, the patient is advised to come in for ante-natal care.

But the most important attendances are those in the 36th and 38th weeks of pregnancy.

The external measurements of every Primipara are taken at her first attendance, as also are those of any Multipara whose previous baby was born before term, or if there is a history of difficult labour.

At the 36th and 38th weeks the foetal head is compared with the inlet of the maternal pelvis, independent of pelvic measurements; every "Breech" in a Primipara is converted to a Vertex. Attempts are made with pad and binder to convert Occipito-posterior positions to Occipito-anterior.

I feel quite convinced that the patients thoroughly appreciate the work done in this department, and there is never the slightest objection raised to attending repeatedly if necessary. They certainly realise the ease and safety to be derived in this way at their coming confinement.

A. S. GARDEN, Obstetrician-in-Charge.

WELFARE CENTRES.

The attendances at the Centres remain very satisfactory, and the small decrease corresponds to the decrease in the birth incidence. Dr. Rye is Honorary Medical Officer at Hampton Road and Liverpool Road Centres. The work at Crossens proceeds at a steady rate and justifies the institution of the Centre.

Name of Centre.	ATTENDANCES.							TREATED.			
	Nursing Mothers.		Expectant Mothers.		Infants.		Children over 1 and under 5.	Nursing Mothers.	Expectant Mothers.	Infants.	Children over 1 and under 5.
	1st visits	Re-visits	1st visits	Re-visits	1st visits	Re-visits					
Hampton Road	218	2052	25	100	221	2287	988	150	34	2496	98
High Park	149	3116	13	41	143	2051	1291	271	59	2236	128
Liverpool Road	82	1733	11	44	81	1011	1015	153	51	1092	101
Crossens	30	515	9	6	27	302	313	53	12	329	31
Totals	479	8416	58	191	472	5651	3607	627	156	6153	359

INFANT WELFARE CENTRES.

ATTENDANCES.

	Nursing Mothers		Expectant Mothers		Infants		Children over 1 and under 5 years
	1st v.	Re-v.	1st v.	Re-v.	1st. v.	Re-v.	
1918 ...	135	1542	7	32	124	1192	592
1919 ...	304	3724	45	54	259	2613	1785
1920 ...	414	5971	42	103	406	4635	2240
1921 ...	441	6827	34	66	422	4832	2641
1922 ...	362	5458	19	41	353	4297	2977
1923 ...	358	6703	31	65	363	4610	2934
1924 ...	384	6617	35	95	384	4407	2876
1925 ...	479	8416	58	191	472	5651	3607

SOUTHPORT BABIES' HOME.

Remaining from previous year	17
Admitted during the year	18
Discharged during the year	16
In-patient days	7008

The house is not altogether suitable for the purposes of the Institution. It has been suggested that the Infants could be boarded out with approved Foster-mothers ; but experience shows that it is exceedingly hard to get foster-mothers to undertake the care of infants of less than 12 months of age, though for older children there is no real difficulty if a proper weekly payment is available. The whole subject is one of considerable complexity, but one that must be dealt with. It has been decided to continue for the present, but there is evidence that the Home has served its turn.

SHELTER OF COMPASSION.

Total number of admissions during 1925—

Maternity Cases.....	19
Rescue Cases	4
Night Cases	53
	—
	76
	—

Total number of discharges during 1925—

Maternity Cases.....	16
Rescue Cases to Mental Homes	None
Rescue Cases to other Homes	2
Rescue Cases to Domestic Service	5
Night Cases	53
	—
	76
	—

Average length of time kept in Home13 weeks, 6 days

Visits paid by former Inmates 495

NUMBER OF BABIES IN ST. KATHERINE'S HOME IN 1925—

Babies admitted to Home	8
Babies born in Home	8
	—
	16
	—

NUMBER DISCHARGED FROM HOME DURING 1925—

Transferred to Babies' Home, Southport	5
Discharged with the Mothers	7
	—
	12
	—

A Register is kept distinguishing Residence Days, as between Maternity and Rescue cases ; grant is payable only with respect to the former.

SOUTHPORT AND BIRKDALE DAY NURSERY, DUKE STREET.

Individual Children admitted 91
Attendance (days).....4430

The children are medically inspected annually on a schedule ; in the past year this has disclosed nothing of interest.

PREVENTION OF INFANTILE MORTALITY.

Birth notifications received 1036
First Visits to houses where births have occurred 938
Re-Visits..... 3221
Enquiries *re* Children over 1 and under 5 years of age 4731
Special Enquiries for Medical Officer of Health 175
Incidental Calls 650
Visits to Infectious Cases..... 33
Visits to houses found closed 1213

OPHTHALMIA NEONATORUM.

Cases.			Vision un- impaired.	Vision impaired.	Total Blindness.	Deaths.
Notified.	Treated. 2					
2	At Home. Nil.	In Hospital 2	2	Nil.	Nil.	Nil.

N.B.—Both of the above cases were imported. No case occurred in the district. This is attributed to all the out-door Midwives being instructed to use Silver Nitrate 1% immediately after birth.

SUPPLEMENTARY HEALTH VISITING.

Special Enquiries—Medical Officer of Health 175
Incidental Calls 650
Visits to Infectious Diseases 33
Visits to houses found closed1213
Visits to Midwives 52

(See also Report of School Medical Officer).

GENERAL ARRANGEMENTS MADE FOR ATTENDING TO THE HEALTH OF EXPECTANT AND NURSING MOTHERS AND OF CHILDREN UNDER FIVE YEARS OF AGE.

The Notification of Births Act, 1907, which was adopted by the Local Authority in 1908, requires all Medical Practitioners and Midwives to notify the Medical Officer of Health within 36 hours after the birth has taken place.

This Act is invaluable, as visits can be paid to infants directly after birth if necessary ; but usually they are not made until after the tenth day, so as not to encroach upon the Midwife's province. This works very well, and the District Midwives afford assistance in sending mothers to the Centres.

When the Health Visitor calls, not only is advice given *re* the Infant, but all children in the house are seen, and a friendly word given. The general cleanliness of the home, sobriety and occupation of parents, and causes of deaths of other children are noted—the last often indicating the advice needed.

The Welfare Centres, four in number, for consultation and treatment, are located in the areas most needing them ; and it may be necessary to open a fifth. Mothers are urged to come with their children for advice and treatment. These Centres are situated in the most populated parts of Southport, viz. :—Hampton Road (Mission Hall), High Park, Liverpool Road, and Crossens. The first two also hold sewing-classes, which are much appreciated. At these classes voluntary helpers kindly look after the children so as to enable the mothers to give full attention to the dressmaking problem.

The principle aims of these Centres are the supervision of the health of the mother both during the ante-natal and post-natal period ; and education in hygiene and mothercraft. At each of these Centres there is at every session a qualified Medical Practitioner in attendance. It is gratifying to note that during 1925 8,607 attendances of mothers and 9,258 of infants were made at the various Centres. Below is given a summary of attendances for the past 8 years.

MATERNAL MORTALITY.

The Maternal Mortality was confined to 2 cases, giving a rate of about 0.02 per 1,000 population for the past year, which is considered extremely satisfactory.

All stillbirths and infant deaths are visited and enquiries made about the health of the mother during pregnancy ; previous stillbirths and miscarriages are noted, and the mother is urged to seek medical advice at the Centres, Ante-natal Clinics, or otherwise.

The development of ante-natal work at the Centres is slowly increasing, as will be seen by the figures given above. All District Midwives are asked to send any case they are in doubt about to the Ante-natal Clinic, held weekly at the Maternity Hospital ; and if the Midwife desires, she can always be present at the examination.

Apart from those Institutions co-ordinated with the Local Authority and further subsidised by the Ministry, and reported upon here, no other Institution or Society is specifically part of the Authority's scheme. Mention however may be favourably made of the Southport Infirmary (General), Sunshine Home for Blind Babies, The North of England Children's Sanatorium, Dr. Barnardo's Homes, Cavendish House (for mental deficient), the District Nursing Society, and the Mary Willett Day Nursery for Excursionists.

The work of the School Medical Service is closely linked up with the Health Department, the Minor Ailment, Skin, Tonsil, Dental, and Ophthalmic Clinics being available for the treatment of children under school age when required.

The method of dealing with unmarried mothers and their children is always a problem. The St. Katherine's Home does good work in this line, the mother being admitted for the ante-natal and post-natal period. When the girls leave the Institution work is found for them, and the infant is put with a foster-parent.

Children who are deprived temporarily of a home are sometimes, if occasion requires, put in the Children's Sanatorium for a period from 1 week to 2 months ; this is found very satisfactory.

Milk is provided under the Milk (Mothers' and Children's) Order, Circular 185, March 31st, 1921, in necessitous cases after meticulous enquiries have been made ; and no free milk is granted where the total income of the family, after deducting rent, is over 5/6 per head per week. During the year 38 infants received additional nourishment for periods varying from 1 to 3 months ; 15 received a pint per day, and the other 23 received a quart per day.

No arrangement has been completed for Orthopaedic Treatment of children under 5 years of age, but application is being made to the Ministry of Health to sanction extension of the present scheme for school children so as to include the younger ones.

DENTAL MATERNITY CENTRE.

Month.	Appointments.	No. Attendances.	Extractions.		Anae- sthetics			Fillings.	Dressings.	Scalings.	Root Treatment.	Oral Affections.	Examined.	Impressions Taken.	Bite Taken.	Try In.	Finished Dentures.				Repair.	Re-make.	New Cases.	Individual Cases.
			No.	Loc.	N2O	Gen.	Partial.										Full.							
							U.										L.	U.	L.					
Jan. ...	61	60	42	20	—	—	1	—	2	—	—	15	12	25	6	6	—	—	1	2	5	2	6	27
Feb. ...	64	59	37	37	—	—	—	—	3	—	—	19	12	14	2	4	—	1	4	2	3	2	5	9
Mar.....	62	49	7	7	—	—	—	2	—	1	—	8	9	26	7	8	1	3	2	—	—	—	3	1
April ...	55	50	11	11	—	—	—	4	1	—	—	15	8	22	3	7	1	2	2	1	2	3	5	6
May ...	70	86	90	62	—	—	1	7	2	—	—	22	6	17	7	12	3	1	2	—	5	5	8	8
June ...	57	56	21	21	—	—	—	—	1	3	—	14	15	13	5	5	1	1	2	2	2	2	8	10
July ...	54	53	17	16	—	—	—	—	5	3	—	12	8	13	5	5	—	—	2	2	3	4	4	7
August	17	17	3	3	—	—	—	—	1	—	—	3	4	10	1	2	—	—	—	—	—	—	2	4
Sept. ...	80	86	49	12	—	—	2	7	9	4	—	15	16	20	8	13	2	1	5	5	7	—	10	13
Oct. ...	62	59	75	23	—	—	2	4	—	—	—	24	10	11	3	3	—	1	1	1	2	1	8	9
Nov. ...	50	53	52	27	—	—	1	15	1	1	—	11	6	18	2	4	—	—	2	2	5	3	7	7
Dec. ...	47	46	12	12	—	—	—	3	2	2	—	6	3	16	3	8	3	3	1	1	4	2	5	8
Totals ...	679	674	416	251	—	—	7	42	27	14	—	164	109	205	52	77	11	13	24	18	38	24	71	109

SUMMARY OF VARIOUS CLINICS

DAYS AND TIMES OF ATTENDANCES.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Infant Welfare Centres—						
Liverpool Road		1-45				
High Park			1-45			
Crossens			2 p.m.			
Hampton Road				1-45		
Sewing Classes—						
Hampton Road	2-30					
High Park				2-30		
Anti-Natal Clinic—						
Southport Infirmary ...					11-1	
School Clinic, 2, Church St.						
Minor Ailment Clinic ...	2-30					
Dispensary		2 p.m.				
Vision Clinic			3-30		2 p.m.	
Skin Clinic				2-30		
Tonsil & Adenoid Clinic				9-30 when necessary)		
Treatment Clinic	9-30	9-30	9-30	9-30	9-30	9-30
Dental Clinic	9-30	9-30	9-30	9-30	9-30	
	2 p.m.		2 p.m.	2 p.m.		
Dental Maternity Clinic ...		2 p.m.			2 p.m.	
Venereal Diseases—						
Southport Infirmary—						
Clinic—Men	5-30			5-30		
,, Women		1-3				
Treatment Clinic—Men	8-30-10	8-30-10	8-30-10	8-30-10	8-30-10	8-30-10
,, ,,	6-8	6-8	6-8	6-8	6-8	6-8
,, Women	2-4	2-4	10-1	2-4	2-4	2-4

Blind Welfare Act.

The Local Authority's Scheme came into operation on the 1st July, 1923, the Corporation making a grant commencing at £200 per annum to the Manchester and Salford Blind Aid Society, who, by agreement, were to carry out the duties of the Corporation under the Act.

The grant was increased to £350 in 1924 and to £500 in 1925. (These grants are not available for subsidy from the Ministry of Health, but are chargeable upon the Rates.)

The arrangements with the Manchester and Salford Blind Aid Society have been continued, and considerable progress has been made during 1925.

853 visits have been paid by the Home Teacher, and instruction given in embossed reading and writing, cane and raffia-work, hand-knitting, rush-chair seating, etc., to people in their own homes.

The Southport Corporation have made arrangements with the Authorities at the Unitarian Church for a class to be held in their schoolroom on two afternoons a week, where instruction is given in Braille reading and writing, cane, basket, and raffia work, hand-knitting, and string-bag making. Good progress is being made owing to the additional accommodation and the greater facilities for giving instruction.

The classes are held on Monday and Wednesday afternoons from 2 to 5, and the average attendance is 6.

On the whole the people are growing brighter and happier, and grants in money and kind made by the Committee to necessitous cases have done much to improve the tone and general health of the blind person and of his family.

The Old Age Pension at 50 is a very great help, but in several cases a grant must be added; even after this, temporary help has to be given in the case of sickness, and railway fares paid when treatment cannot be provided in the town.

It is gratifying to record that we are getting the co-operation of the Girl Guides and other voluntary workers to visit and read, and take the blind for walks. More help is desirable, as in many cases the Blind have only the Home Teacher to visit and attend them, and to render what assistance she is able to give in the limited time available.

It is confidently hoped that, when the requirements of the blind are thoroughly understood, volunteers will be forthcoming to help in the work.

Miss Mace of Formby—a totally blind lady—does much voluntary work amongst the blind people of Southport, teaching Moon reading and Braille reading and writing, reading aloud to the people in their own homes, and visiting and reading to the Southport blind people in the Ormskirk Institution.

Reports of the Southport blind children resident in the Schools for the Blind, Wavertree, Liverpool, and the Catholic Blind Asylum, Brunswick Road, Liverpool, are very satisfactory.

There are 5 Southport blind persons resident in the Ormskirk Institution; these are on the Liverpool Register. There are also 5 Southport blind persons in Manchester Homes for the Blind; these are on the Manchester Register.

Grant is augmented to workers. Each individual case is considered by the Relief Sub-Committee of the Manchester and Salford Blind Aid Society. Augmentation varying from 5/- up to 7/6 per week is granted where approved.

Of the seven persons attached to the Home Workers Scheme, only one has had Institutional training, and the capacity of most of the others is limited owing to age. In order to keep all Home Workers fully occupied, it is proposed to make a certain amount of stock goods such as experience shows are likely to be saleable, and, when sufficient goods are made, to hold a Sale. It is suggested that an advertisement of the goods made should be inserted in the local papers periodically.

In order further to develop the Scheme an application might be made to the Town Council for grant in aid, on the basis as given by the Ministry of Health, for this service.

The Ministry of Health will make a grant in aid of certain services carried on for the benefit of the Blind (Circular 7. B.D., August 7th, 1919).

In the case of Home Workers, a scheme must be submitted to and approved by the Ministry. Grant will be payable at a rate not exceeding £20 per annum in respect of each Home Worker included in the accepted scheme and regularly employed throughout any period, and will normally be half of the expenditure incurred. The maximum of £20 will be available in respect of each man who earns 16/- per week or over, and for each woman who earns 8/- per week or over. A proportionate amount is payable according to the earnings. Moreover, in the case of each individual home worker on account of whom application for grant is to be made, the approval by the Minister of the worker and his work must be obtained.

	1920	1921	1922	1923	1924	1925
No. on Register	52	75	75	78	87	100
Visits paid	300	450	436	940	758	853
Grants in Relief	£31	£48	£90	£279	£303	£376
Augmentation to Home Workers	—	—	—	—	£41 2 6	£80 18 0

GRANTS BEING PAID.

Married M'les or Widowers.	Single Males.	Married Females.	Single Females.	Average Grant.	Avg. Income per week.
10	2	3	9	5/6 5/- 5/- 7/2	22/- 11/1 10/- 14/6

Supervision of Food Supplies.

VISITS TO :—

Public Slaughter-houses	239
Private Slaughter-houses	200
Butchers' Shops	1104
Fish and Poultry Shops	1110
Other Shops	7859
Restaurant or Hotel Kitchens (workplaces)	44
Ice-cream Workshops	19
Ice-cream Stalls.....	66
Potted Meat and Fish Works	128
Piggeries	253
Cowsheds	91
Milk Farms outside the Borough	9
Bacteriological Examination of Milk	93
	<hr/>
	11215
	<hr/>

UN SOUND FOOD DESTROYED.

Under Magistrate's Order :— Nil.

By Consent of Owner or Consignee :—

Beasts' Carcases	42
Beasts' Livers	55
Beasts' Lungs (sets)	53
Beef (lbs.)	313
Beasts' Hearts	5
Calves Carcases.....	3
Pigs' Livers	24
Pigs Carcases	17
Pigs' Lungs (sets)	42
Ox Tongues (lbs.)	25
Beasts' Kidneys (lbs.)	8
Pork (lbs.)	71
Sheeps' Carcases	2
Cherries (2 lb. boxes)	84
Halibut (lbs.)	210

Beasts' Heads and Tongues	2
Apples (lbs.)	130
Sheep's Lungs	1
Sheep's Heart	1
Bananas (stalks)	8
Mushrooms (lbs.)	45
Picked Shrimps (quarts)	346
Pigs' Heads	4
Rabbits	99
Frozen Lambs	8
Beasts' Mesenteric Fat	7
Lambs' Carcases	4
Frozen Lamb (lbs.)	60
Pears (lbs.)	228
Beast's Tail	1
Sheep's Liver	1
Smoked Fish Fillets (lbs.)	98
Beasts' Spleens	12
Beasts' Skirts.....	12
Pigs' Hearts	7

FOOD AND DRUGS ACTS.

SUMMARY OF SAMPLES SUBMITTED FOR ANALYSIS

Informal Samples				Nature of Sample	Formal Samples					
Number Taken	Number Genuine	Adulterated			Number Taken	Number Genuine	Adulterated		Vendors Cautioned	Prosecutions
		Materi-ally	Trivially or doubtful				Materi-ally	Trivially or doubtful		
2	...	..	2	Milk	76	75	...	...	...	...
2	2	...	...	Pork Sausage	7	7	...	...	...	...
1	1	...	...	Apple Jelly	1	1	...	...	...	...
2	2	...	...	Butter	14	14	...	...	...	...
1	1	...	...	Green Ginger Wine .....	...	...	...	...	...	...
4	4	...	...	Sponge Cake .....	...	...	...	...	...	...
1	1	...	...	Ext. Malt & Olive Oil .....	...	...	...	...	...	...
1	1	...	...	Beef Sausage	2	1	...	1	1	...
...	...	...	...	Lard	4	4	...	...	...	...
5	5	...	...	Lemon Cheese .....	...	...	...	...	...	...
...	...	...	...	Marmalade	4	4	...	...	...	...
5	5	...	...	Cheese	1	1	...	...	...	...
1	1	...	...	Gooseberry Jam .....	...	...	...	...	...	...
4	4	...	...	Honey .....	...	...	...	...	...	...
1	...	...	1	Calcined Magnesia .....	...	...	...	...	...	...
2	2	...	...	Camphorated Oil .....	...	...	...	...	...	...
3	3	...	...	Epsom Salts .....	...	...	...	...	...	...
1	1	...	...	Liquorice Powder .....	...	...	...	...	...	...
2	2	...	...	Cream of Tartar .....	...	...	...	...	...	...
...	...	...	...	Strawberry Jam	2	2	...	...	...	...
1	1	...	...	Potted Beef	2	2	...	...	...	...
1	1	...	...	Calves Feet Jelly.....	...	...	...	...	...	...
2	2	...	...	Canned Loganberries .....	...	...	...	...	...	...
1	1	...	...	Bramble Jelly .....	...	...	...	...	...	...
...	...	...	...	Damson Jam	3	3	...	...	...	...
1	...	...	1	Fresh Cream	1	...	...	1	1	...
1	1	...	...	Seidlitz Powder .....	...	...	...	...	...	...
2	1	1	...	Whiskey	1	1	...	...	...	...
2	2	...	...	Syrup of Senna .....	...	...	...	...	...	...
1	1	...	...	Gregory Powder .....	...	...	...	...	...	...
2	1	...	1	Potted Shrimps .....	...	...	...	...	...	...
1	1	...	...	Port Wine .....	...	...	...	...	...	...
1	...	...	1	Preserved Cream .....	...	...	...	...	...	...
1	1	...	...	Olive Oil .....	...	...	...	...	...	...
1	1	...	...	Concentrated Sarsap. .....	...	...	...	...	...	...
1	1	...	...	Ground Almonds .....	...	...	...	...	...	...
1	1	...	...	Spruce Beer .....	...	...	...	...	...	...
2	2	...	...	Chocolate .....	...	...	...	...	...	...
1	1	...	...	Gooseberry Jelly .....	...	...	...	...	...	...
1	1	...	...	Pure Lemon Curd .....	...	...	...	...	...	...
1	1	...	...	Coffee .....	...	...	...	...	...	...
1	1	...	...	Margarine .....	...	...	...	...	...	...
1	1	...	...	Condensed Milk .....	...	...	...	...	...	...
1	1	...	...	Flaked Beef Suet .....	...	...	...	...	...	...
1	1	...	...	Lemon Fruit Wine .....	...	...	...	...	...	...
				Cordial .....	...	...	...	...	...	...
67	60	1	6		118	115 (1 broken in transit)	...	2	2	...

PARTICULARS OF SAMPLES REPORTED TO BE NOT GENUINE.

MILK.—Two informal samples were reported against, and one formal sample was broken in transit. One 4% short of Fat, and one .13 deficient in solids not Fat.

BEEF SAUSAGE.—One formal sample 3% short of Meat. Vendor cautioned.

CALCINED MAGNESIA.—One informal sample, loss on Ignition 12.03%. No action taken. The Analyst reports this is probably an old sample or one which had been unduly exposed to the air.

FRESH CREAM.—One informal sample containing 0.35% Boric Acid and one formal sample containing 0.34% Boric Acid. Vendors cautioned.

WHISKEY.—One informal sample 44 degrees under proof. A further sample, taken formally, proved to be genuine.

POTTED SHRIMPS.—One informal sample contained 10.5 grains Boric Acid per pound in excess of the amount allowed. No action taken.

SLAUGHTER HOUSES.

The time is close at hand when the whole question of the Public Slaughter-houses will have to be considered with a view to modern accommodation being provided.

The Public Slaughter-houses are in Poplar Street, on a plot of freehold land comprising 5,258 square yards. The buildings were erected in 1880.

There are thirteen Slaughter-houses. Seven are let to butchers at a yearly rental; the other six are used in common by butchers who pay a "head rate." There are a like number of lairs directly opposite the slaughter-houses. During 1925 there were 22,462 animals slaughtered. In the middle of the yard between the lairages are two gut scraping establishments.

Animals slaughtered in the Borough for human consumption:—

	Poplar Street Slaughter-houses.		In the seven Private Slaughter-houses.		Totals.
	Public.	Rented.			
Cattle	710	1481	.....	708	2899
Calves	439	839	.....	154	1432
Sheep	3195	14972	.....	7553	25720
Pigs	826	—	.....	1198	2024
	—	—		—	—
Total	5170	17292	.....	9613	32075
	=====	=====		=====	=====

A number of Pigs have been killed on private premises. It is quite time improved Pig-slaughtering accommodation should be provided at the Public Slaughter-houses, so as to enable the slaughtering to be done under proper supervision.

PRIVATE SLAUGHTER-HOUSES.

There are seven Private Slaughter-houses in the District. Only three of the seven are in use. They are kept satisfactorily clean, and free from nuisance, and the business in each case is properly conducted. About 30% of the animals slaughtered in the District are dealt with in the Private Slaughter-houses.

THE PUBLIC HEALTH (MEAT) REGULATIONS, 1924

The Regulations came into operation on April 1st this year, and, administered with reasonable care and discretion, will work out for the public good. No doubt there have been instances of careless handling of meat and other foods which the Regulations will make easier for Local Authorities to deal with. The subject has been fully discussed with the President and Members of the Butchers' Association, and they are undoubtedly able and anxious to handle their trade under excellent hygienic conditions.

BACTERIOLOGICAL EXAMINATION OF MILK.

	Samples from Producers in the Borough.	Samples from Producers Outside the Borough.
Samples from Bulk	0	(a) 77
Of which found to be Tuberculous.....	0	(b) 3
Samples from individual cows (from the above 77 cases).....	0	2
Of which found to be Tuberculous.....	0	0

(a) Guinea Pigs died before test completed 3. The table shows that 3 samples out of 77 "outside" samples were Tuberculous.

(b) Of these 3 cases, the Farms were visited in 2 of the cases and a Dairy in the other. At one farm 22 cows were examined by the Veterinary Surgeon and 2 samples were taken from suspected animals, both proving negative. At the other farm 54 cows were examined by the Veterinary Surgeon, and shewed no clinical signs of Tuberculosis. The Owner was found to be a cattle dealer, and had changed all his cows between the date the sample was taken and the receipt of the Analyst's Report. In the third case the milk came from a Dairyman who collects from 40 farms, and he could give no idea of the particular farm from which this certain milk came. He promised, however, to keep a Register in future shewing the source of supply of all milk sent into the Borough.

The standard of Cleanliness in Milk has received attention, but in no case was sufficient pollution found to justify a prosecution.

"Certified Milk." Four samples were submitted to Bacteriological Examination. The Bacterial Counts per c.c. were 3700, 2815, 1753, 1480 respectively. The standard prescribed by the Ministry of Health is 30000 bacteria per c.c., therefore these milks were quite exceptionally clean.

TUBERCULOSIS ORDER, 1925.

This Order of the Minister of Agriculture and Fisheries, dated the 13th day of July, 1925, came into operation on the 1st September. It gives to Local Authorities powers similar to those contained in the Tuberculosis Order, 1914, which was suspended in August, 1914.

Under the new Order every person having in his possession or under his charge (1) any Cow which is, or appears to be, suffering from Tuberculosis of the Udder, Indurated Udder or other Chronic Disease of the Udder ; or (2) any Bovine animal which is, or appears to be, suffering from Tuberculous Emaciation ; or (3) any Bovine animal which is suffering from Chronic Cough and showing definite clinical signs of Tuberculosis, is required to give notice of the fact to the Local Authority.

Provision is made for compensation to be paid to the owner of every animal dealt with under the Order ; since it came into operation, the Local Authority have dealt with six cows, which have all proved to be Tubercular on post-mortem examination. In each case the owner has received the minimum amount of forty-five shillings as compensation. In every case dealt with the cowshed was disinfected after the animal had been removed. We welcome the new Order, and consider the powers given to Local Authorities are of great benefit to the public in safeguarding the milk supply and preventing the harbouring and dissemination of Bovine Tuberculosis.

Animals inspected by the Veterinary Inspector	528
Bovine post-mortems conducted	6

REGISTERED COWKEEPERS AND PURVEYORS OF MILK.

Cowkeepers.		Cowkeepers and Purveyors.		Purveyors.
11	.....	49	.....	157

WORN-OUT OR DISEASED ANIMALS brought (some at the instance of the Veterinary or Dairy Inspectors) by cattle dealers or farmers in the Borough and adjoining Districts to be slaughtered for value of salvage, and those dead before arrival :—

From :—		Town.		Country.
Inflammation		5	.....	2
Tuberculous		19	.....	12
Calving		0	.....	2
Accident		6	.....	2
Dropsical		3	.....	5
Emaciation.....		1	.....	3
Pncumonia		4	.....	0
Septicaemia		1	.....	0
		—		—
		39		26
		==		==

FACTORY AND WORKSHOP ACTS.

The following Report is made out in accordance with the requirements of the Home Office, to whom a copy of this Report has to be sent.

Factories, Workshops, Workplaces, and Homework.

1.—INSPECTION.

INCLUDING INSPECTIONS MADE BY SANITARY INSPECTORS.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES	64	7	None.
(Including Factory Laundries.)			
WORKSHOPS	271	13	„
(Including Workshop Laundries.)			
WORKPLACES	36	0	„
Totals.....	371	20	„

2.—DEFECTS FOUND.

Particulars.	Number of Defects.			Number of Prosecutions.
	Found.	Remedied.	Referred to H.M. Inspector.	
<i>Nuisances under the Public Health Acts—*</i>				
Want of Cleanliness	19	19	None.	None.
Want of Ventilation	0	0	„	„
Overcrowding.....	0	0	„	„
Want of Drainage of Floors	1	1	„	„
Other Nuisances.....	13	12	„	„
|| Sanitary Accommodations	insufficient	9	8	„
	unsuitable or defective	4	4	„
	not separate for sexes	1	1	„
<i>Offences under the Factory and Workshop Act—</i>				
Illegal occupation of Underground Bakehouse (S. 101)	None.	None.	„	„
Breach of special Sanitary Requirements for Bakehouses (SS. 97 to 100)	0	0	„	„
Other Offences	None.	None.	„	„
Total.....	47	45	„	„

*Including those specified in sections 2, 3, 7 and 8, of the Factory and Workshop Act as remediable under the Public Health Acts.

||Section 22 of the Public Health Acts Amendment Act, 1890, has been adopted in Southport. The standard of sufficiency and suitability of sanitary accommodation for persons employed in factories and workshops is in accordance with the Sanitary Accommodation Order of 4th February, 1903.

4.—REGISTERED WORKSHOPS.

Total number of workshops on Register 328

5.—OTHER MATTERS.

Class.	Number.
Matters notified to H.M. Inspectors of Factories.....	...
Failure to affix Abstract of the Factory and Workshop Act (S. 133) .....	...
Action taken in matters referred by H.M. Inspectors as re- mediable under the Public Health Acts, but not under the Factory Act (S. 5) {	Notified by H.M. Inspector 6
	Reports (of action taken) sent to H.M. Inspector 0
Other Matters—Forms received from H.M. Inspector <i>re</i> New Workshops	0
Underground Bakehouses (S. 101)—	
Certificates granted during the year .....	...
In use at the end of the year.....	8

GEO. C. BARNES,

Medical Officer of Health.

NOTE.—The Factory and Workshop Act, 1901 (s. 132), requires the Medical Officer of Health IN HIS ANNUAL REPORT to the District Council to report specifically on the administration of the Act in workshops and workplaces, and to send a copy of his Annual Report, or so much of it as deals with this subject, to the Secretary of State (Home Office).

Water Supply.

“NO PURER WATER OCCURS IN NATURE.”

The water supply is maintained by the Southport, Birkdale, and West Lancashire Water Board, which is a combination of the local Authorities of the County Borough of Southport, the Urban District of Formby, and the West Lancashire Rural District, and supplies water within the area of these three Authorities.

The Board was constituted under Act of Parliament of 1901 to take over the Waterworks Undertaking established by the Southport Waterworks Company in 1854.

The supply is constant and sufficient, and the quality good. With the exceptions referred to below, all property within the Borough is supplied direct from the Board's mains.

The Board own 4 Pumping Stations, situated 6 to 10 miles South-West of the Town in the Parishes of Aughton, Bickerstaffe, and Lathom, and the whole of the water is obtained from Wells over 200 feet deep. Only three of these Stations, however, supply water to the Borough of Southport. Owing to the depth of the Wells and the nature of the strata, the possibilities of contamination are most remote. The waters have no plumbo-solvent action, and no reports of contamination have been received. Although somewhat hard, the water is exceptionally pure, both chemically and bacteriologically.

The last available figures, namely, those for the year ending 31st March, 1925, shew that the Board then supplied, direct, an estimated Population, excluding Summer Visitors, of 96,600. The average domestic consumption, excluding Meter supplies and based on this population figure, was at the rate of about $24\frac{1}{2}$ gallons per head per day: and the total consumption 31.69.

HOUSES NOT SUPPLIED WITH TOWN'S WATER.

There are 20 houses in the Borough which derive their water from shallow wells on their own premises. To 19 of these the cost of furnishing a supply of Town's water would exceed the water rate authorised to be charged within the district. The supply from these wells up to the present time has been adequate, and we have no cause for apprehension as regards the quality of the water.

The remaining cottage is going to be demolished, but the owners have agreed to permit its occupation by the present tenant during the remainder of the tenant's lifetime.

Two small holdings in Town Lane are also situated some considerable distance from the Board's mains. These people use the Board's water, carrying it from premises which are supplied by meter.

ANALYSIS, SAMPLE, 30th SEPTEMBER, 1925.

CHEMICAL.	Parts per 100,000.
Calcium Carbonate	20.00
Magnesium Carbonate	3.10
Calcium Sulphate	1.21
Magnesium Sulphate	8.41
Magnesium Chloride	3.54
Sodium Carbonate	4.50
Sodium Chloride .....	.84
Potassium Carbonate	1.10
Oxide of Iron, Silica, etc. ....	.40
	<hr/> 43.10
Temporary hardness	23.7
Permanent hardness	11.6
Total hardness	35.3
Free Ammonia	Nil.
Organic Ammonia .....	.001
Oxygen absorbed in 3 hours .....	.02
Nitrates	Nil.
Nitrites	Nil.
Lead	Nil.
Colour seen in a 2-foot tube.....	Pale Blue Green
Appearance	Bright & Sparkling

HERBERT E. DAVIES.

BACTERIOLOGICAL.

- No. of organisms per cc. capable of growing upon nutrient gelatine at 22 deg. C. in three days..... 24 colonies.
- No. of organisms per cc. capable of growing upon agar at 37 deg. C. in three days..... 5 colonies.
- Smallest quantity of water giving acid and gas reaction in double-strength bile salt lactose.....absent in 1, 3, 8, 10, 15 and 20 cc.
- Streptococci absent in 80 cc. of water.
- Bac. Enteritidis absent in 100 cc. water.

E. E. GLYNN.



RESULTS FOR CONSECUTIVE YEARS.

	Temporary.	Permanent.	Total.
1913—Nov. 28th	..... 26.5	..... 12.0	..... 38.5
1913—Dec. 18th	..... 22.6	..... 16.4	..... 39.0
1915—Mar. 18th	..... 24.0	..... 12.0	..... 36.0
1915—Mar. 23rd	..... 21.0	..... 12.4	..... 33.4
1916—Feb. 3rd	..... 26.2	..... 7.6	..... 33.8
1917—Feb. 17th	..... 18.7	..... 9.6	..... 28.3
1918—Jan. 29th	..... 18.6	..... 9.9	..... 28.5
1919—Jan. 13th	..... 24.9	..... 17.0	..... 41.9
1919—Dec. 30th	..... 25.5	..... 14.6	..... 40.1
1920—Dec. 16th	..... 23.0	..... 12.8	..... 35.8
1921—June 29th	..... 25.5	..... 13.8	..... 39.3
1922—Nov. 23rd	..... 23.2	..... 12.7	..... 35.9
1923—Oct. 9th	..... 23.2	..... 12.4	..... 35.6
1924—Oct. 21st	..... 23.7	..... 13.4	..... 37.1
1925—Sept. 30th	..... 23.7	..... 11.6	..... 35.3

While my report is in the press, I learn with regret that Mrs. Cobham, whose portrait appears on preceding inset, and who was believed to be the oldest native of Southport, passed away on Sunday, April 4th, 1926, within a month of her 99th birthday.

G.C.B.

Meteorology.

LOCAL WEATHER DURING 1925.

The most noteworthy general feature of 1925 at Southport was a remarkable prevalence of Northerly and North-westerly winds, particularly the latter. On the whole, temperature, rainfall, and sunshine were nearly normal, but there were unusually large—one might almost say violent—variations of these (and other) elements. Cases of this kind calling for special attention were an almost rainless and most brilliant June, constituting it the driest and sunniest month of *any name* in the 54 years' local records; and an extremely cold spell from early in November until well-on in December.

TEMPERATURE OF THE AIR.

	Mean Temperature °	Deviation from Normal °	Absolute Highest °	Extremes Lowest °
January	42.4	+3.6	54	31
February	41.4	+1.8	54	27
March	41.9	+0.5	51	27
April	45.9	+0.2	60	33
May	52.3	+1.2	70	35
June.....	58.2	+1.6	79	45
July	61.9	+2.6	87	47
August.....	59.9	+0.7	70	47
September	53.2	—2.2	64	38
October	51.1	+2.1	61	33
November	38.1	—5.2	57	24
December	38.1	—1.6	53	23
	—	—	—	—
Year.....	48.7	+0.4	87	23

It will be seen that in spite of an extremely mild January, a hot July, and no fewer than nine months being warmer than usual, the cold of September, November and much of December was such that the mean temperature of the whole year did not exceed the (50 years') average by half-a-degree.

SUNSHINE AND OZONE.

	Duration of Sunshine Hours	Deviation from Normal Hours	No. of Sunless Days	Mean Daily Ozone 0 to 10
January	30.4	—13.4	15	3.4
February	65.1	— 3.2	6	4.3
March	116.6	— 1.6	2	5.1
April	192.8	+23.4	2	5.1
May	155.4	—54.5	1	4.7
June.....	295.3	+83.9	0	4.4
July	193.3	—12.1	0	4.1
August.....	154.3	—26.6	3	3.2
September	137.0	— 2.4	4	4.1
October	78.6	—17.1	7	3.2
November	81.2	+26.5	7	2.2
December	50.8	+15.2	12	3.4
Year.....	1550.8	+18.1	59	3.9

Here, as also in the Rainfall table below, the outstanding feature is the unprecedentedly fine character of June. May had been very dull and wet, and eight months out of the twelve yielded deficiencies of sunshine ; but the clear skies of the Midsummer month, and of the cold, early winter in November and December, brought the year's aggregate sunshine to 18.1 hours more than the normal. It may be allowed that this in itself is little, but it represents a striking improvement over recent years ; for during 1923 only 1430.0 hours of sunshine were recorded, and during 1924 only 1410.0 hours, compared with the 1550.8 hours shown above for 1925.

RAINFALL.

	Total Rainfall Inches	Deviation from Normal Inches	Number of Days with Rain	Duration of Definite Rainfall Hours
January	2.20	—0.44	14	37.0
February	4.28	+2.18	24	81.7
March	1.08	—1.22	13	26.7
April	1.69	—0.14	18	38.0
May	3.99	+1.86	22	61.4
June.....	0.06	—2.22	1	2.2
July	2.45	—0.54	15	34.4
August.....	3.58	+0.02	21	43.1
September	3.77	+0.66	23	65.5
October	4.20	+0.44	20	80.7
November	3.03	—0.05	12	45.3
December	2.25	—0.95	20	43.3
Year.....	32.58	—0.40	203	559.3

The diminution of rainfall from the North-west coast "peak" year 1923, which had become marked in 1924, made substantial further progress in 1925. The first five months of the last-named year, taken together, were a little wet, but the subsequent seven months combined were slightly dry, and the rainfall for the complete year was a fraction of an inch below normal. Extremely little snow fell.

HUMIDITY AND SUBSOIL WATER LEVEL.

	Humidity of the Air at 9 a.m. % of Saturation	Deviation from Normal % of Saturation	Mean Level of Subsoil Water * Inches	Deviation from Normal Inches
January	88	0	29.7	—4.4
February	89	+2	26.3	—6.6
March	84	0	29.6	—3.3
April	77	—2	35.2	+0.8
May	80	+4	37.6	+0.3
June.....	71	—5	41.4	—0.2
July	76	—2	47.2	+1.7
August.....	83	+3	48.7	+1.1
September	81	—1	50.1	+2.0
October	90	+5	47.3	+0.8
November	89	+1	39.5	—3.0
December	88	—1	39.0	+0.5
	—	—	—	—
Year.....	83	0	39.3	—0.9

*Distance below Well-mouth.

Only May and October were materially more humid than usual, though August had a somewhat damp atmosphere and was cloudy. On the other hand, June formed the year's one month of abnormally dry air. The subsoil water stood at a high level during the first quarter, but fell much during March and April and again in June and July, reaching a rather low minimum in September; after which the wet October produced a sharp rise in the course of that month and November.

WIND DIRECTION (GROUPED).

	Duration Percentages.					Deviations from Normals.			
	N.E.	S.E.	S.W.	N.W.		N.E.	S.E.	S.W.	N.W.
	& E.	& S.	& W.	& N.		& E.	& S.	& W.	& N.
	%	%	%	%		%	%	%	%
January	10	45	40	5	.....	— 2	+11	+ 1	—10
February	3	34	44	19	.....	—14	— 2	+12	+ 4
March	14	2	40	44	.....	— 7	—23	+ 6	+24
April	18	22	37	23	.....	— 5	+ 2	+ 3	0
May	14	28	39	19	.....	—12	+ 7	+ 9	— 4
June.....	19	6	24	51	.....	— 4	—11	— 8	+23
July	23	17	31	29	.....	+ 8	— 2	— 8	+ 2
August.....	9	26	35	30	.....	— 5	+ 4	— 6	+ 7
September	5	24	23	48	.....	—16	— 4	— 7	+27
October	16	33	27	24	.....	— 6	— 3	+ 2	+ 7
November	35	29	9	27	.....	+17	— 4	—21	+ 8
December	15	28	35	22	.....	0	—10	+ 3	+ 7
	—	—	—	—		—	—	—	—
Year.....	15	25	32	28	.....	— 4	— 3	— 1	+ 8

The prevalence of Northerly and North-westerly winds, alluded to in the opening paragraph, may fitly be termed phenomenal. Their duration surpassed all previous records during the 54 years' history of the Observatory. But it is of interest to note that the directions which showed deficiencies in consequence were by no means entirely Southerly ones or compounds of South; there were marked shortages also of the Easterly winds of Spring and early Autumn.

January commenced with a very unusual succession of strong gales. A whole-gale on April 16th occasioned much damage to young tree-and-garden growth. A still more severe gale (though not quite attaining "storm-force") was experienced on December 30th. Nevertheless, the mean velocity of the wind for the entire year was considerably below normal.

JOSEPH BAXENDELL,

Borough Meteorologist.

THE FERNLEY OBSERVATORY, SOUTHPORT.

ATMOSPHERIC POLLUTION—COMPARATIVE STATISTICS.

MONTHLY MEANS, at Various Places, for the Year April, 1924, to March, 1925.

In Metric Tons per Square Kilometre.

STATIONS.	Rainfall (per Pollu- tion Gauge) in Milli- metres.	INSOLUBLE MATTER.			Total Insoluble Matter.	Total Soluble Matter.	TOTAL SOLIDS.	INCLUDED IN SOLUBLE MATTER.		
		Tar.	Carbon- aceous, other than Tar.	Grit (as Ash).				Sul- phates (SO 3).	Chlorine (Cl.)	Am- monia. (NH 3).
Southport—										
Hesketh Park	87	0.04	0.84	0.80	1.68	2.40	4.08	0.70	0.65	0.01
Woodvale Moss	81	*	*	*	1.33	2.20	3.53	*	*	*
Glasgow—										
Alexandra Park	65	0.10	1.27	2.47	3.84	3.96	7.80	1.45	0.59	0.15
Bellahouston Park ...	72	0.08	0.92	2.08	3.08	5.06	8.14	1.92	0.50	0.15
Blythswood Park	69	0.18	1.87	3.09	5.14	5.64	10.78	1.68	0.81	0.18
Botanic Gardens	74	0.10	1.34	3.90	5.34	6.77	12.11	1.95	0.52	0.12
Queen's Park	75	0.08	0.77	1.75	2.60	4.25	6.84	1.35	0.51	0.13
Richmond Park	74	0.12	1.47	3.40	4.99	5.02	10.01	1.74	0.69	0.16
Ruchill Park	77	0.11	0.96	2.21	3.28	4.17	7.45	1.46	0.55	0.13
Tollcross Park	71	0.10	1.16	3.11	4.37	5.68	10.05	1.80	0.49	0.12
Victoria Park	66	0.13	1.38	2.68	4.19	6.05	10.24	1.70	0.56	0.14
Newcastle-on-Tyne ...†	72	0.50	7.28	12.51	20.29	7.11	27.40	2.26	0.70	0.14
Leeds—										
Headingley	62	0.03	0.36	0.42	0.81	2.14	2.95	0.39	0.49	0.05
Hunslet	57	0.09	2.66	6.50	9.25	5.41	14.66	1.52	0.79	0.14
Park Square	60	0.09	1.76	4.64	6.49	4.18	10.67	0.97	0.85	0.10
York Road	58	0.09	1.84	3.37	5.30	3.31	8.61	0.72	0.75	0.08
Hull	53	0.13	2.75	4.44	7.32	6.56	13.88	2.15	0.75	0.11
Wakefield	68	0.25	2.13	3.49	5.87	14.55	20.42	4.54	1.21	0.13
Blackburn (Tech. Col.)	112	0.25	3.94	7.59	11.78	7.39	19.18	1.83	0.98	0.10
Rochdale ^	114	*	*	*	16.05	5.94	21.99	*	*	*
Salford—										
Borough	86	0.30	3.46	4.95	8.71	4.26	12.97	2.00	1.12	0.05
Regent Square	92	0.22	4.53	3.83	8.58	3.71	12.28	1.89	1.04	0.15
St. Helens	81	0.15	3.20	5.00	8.35	5.53	13.88	2.05	0.88	0.04
Liverpool	83	0.22	3.71	8.11	12.04	7.19	19.23	2.11	0.85	0.22
Marple.....	90	0.08	0.79	0.31	1.18	2.24	3.41	1.26	0.71	0.05
Birmingham—										
Aston	68	0.08	1.60	4.36	6.04	3.91	9.95	1.37	0.25	0.05
Central	72	0.13	2.17	6.04	8.34	5.40	13.73	1.86	0.43	0.09
Rothamsted	80	*	0.66	1.36	2.02	4.28	6.31	*	*	*
Kingston-on-Thames ...	86	0.14	0.95	1.67	2.76	3.86	6.62	0.81	0.48	0.04
London—										
Meteorological Office	59	0.22	2.47	4.02	6.71	4.20	10.91	1.10	0.64	0.07
Archbishop's Park ...	62	0.12	3.28	4.85	8.25	5.20	13.45	1.83	0.56	0.16
Finsbury Park	65	0.11	1.71	3.79	5.61	5.01	10.61	1.32	0.64	0.07
Golden Lane	57	0.05	3.51	4.91	8.47	6.54	15.01	2.25	0.93	0.25
Ravenscourt Park ...	71	0.10	1.51	2.36	3.97	4.25	8.21	1.03	0.55	0.11
Southwark Park	65	0.07	2.27	3.77	6.11	3.36	9.47	1.10	0.59	0.12
Victoria Park	65	0.07	1.73	2.76	4.56	4.05	8.61	1.31	0.59	0.11
Wandsworth Common	67	0.05	1.56	4.50	6.11	3.01	9.12	0.82	0.53	0.08

* Not determined.

† Means of 11 months only.

Vital Statistics of Whole District during 1925 and previous Years.

COUNTY BOROUGH OF SOUTHPORT.

YEAR.	Population estimated to Middle of each year.	BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS. <i>a</i>		NETT DEATHS BELONGING TO THE DISTRICT.				
		Un-corrected Number.	Nett.	Number.	Rate.	of Non-residents registered in the District.	of Residents not registered in the District.	Under 1 Year of Age.		At all Ages.		
								Number.	Rate.			
											Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1916	67,000	1008	1021	14.24	946	14.12	85	112	87	85	987	b 14.73
1917	66,000	785	800	11.16	895	13.56	65	106	65	81	928	b 14.06
1918	69,000	776	788	10.99	1042	15.79	93	119	47	60	1059	16.05
1919	70,000	877	887	12.14	1038	14.83	98	132	80	90	1078	15.40
1920	70,000	1259	1261	17.26	915	13.07	81	121	68	54	945	13.50
1921	71,900	1120	1106	15.38	894	12.43	71	97	77	70	920	12.80
1922	72,020	1023	1028	14.27	940	13.05	79	114	58	56	975	13.54
1923	72,410	1012	996	13.76	940	12.98	69	106	65	65	977	13.49
1924	73,650	952	934	12.90	977	13.24	78	109	59	63	1006	13.66
1925	74,260	988	973	13.10	880	11.85	56	118	59	61	937	12.62

z Including deaths in Moss Lane Infectious Hospital in the West Lancashire Rural District.

* In Column 6 are included the whole of the deaths registered during the year as having actually occurred within the district, military deaths excepted.

In Column 12 is entered the number in Column 6, corrected by subtraction of the number in Column 8 and by the addition of the number in Column 9. Deaths in Column 10 are similarly corrected by subtraction of the deaths under 1, included in the number given in Column 8, and by addition of the deaths under 1 included in the number given in Column 9.

a "Transferable Deaths" are deaths of persons who, having a fixed or usual residence in England or Wales, die in a district other than that in which they resided.

b See remarks, Table III.

The following Special Cases arise as to Transferable Deaths:—

(1) Persons dying in Institutions for the sick or infirm, such as hospitals, lunatic asylums, workhouses, and nursing homes (but not almshouses) have been regarded as residents of the district in which they had a fixed or usual residence at the time of admission. If the person dying in an Institution had no fixed residence at the time of admission the death is not transferable.

(2) The deaths of infants born and dying within a year of birth in an Institution to which the mother was admitted for her confinement have been referred to the district of fixed or usual residence of the parent.

(3) Deaths from Violence have been referred (*a*) to the district of residence, under the general rule; (*b*) if this district is unknown, or the deceased had no fixed abode, to the district where the accident occurred, if known; (*c*) failing this, to the district where death occurred, if known; and (*d*) failing this, to the district where the body was found.

	Census	
	1911	1921
Total population at all ages	69643	71900
Number of inhabited houses	15676	16314
Average number of persons per house	4.44	4.41
Area of District in acres (land and inland water) ...	9426	9426

TABLE II.—CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1925.
COUNTY BOROUGH OF SOUTHPORT.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.								TOTAL CASES NOTIFIED IN EACH LOCALITY.					TOTAL CASES REMOVED TO HOSPITAL.
	At all Ages.	At Ages—Years.							1	2	3	4	5	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and upwards.	Six Central Wards. Est. pop., 30,158.	Scarisbrick and Sussex Wards. Est. pop., 14,195.	Park and Birkdale West Wards. Est. pop., 9,239.	Hesketh Ward. Est. pop., 5,115.	Birkdale N'rth, East South and Ainsdale Wards. Est. pop., 15,553.	
Small-pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Cholera (C) Plague (P) .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	44	...	6	22	4	11	1	...	18	10	5	8	3	39
Erysipelas	36	...	...	1	1	11	15	8	11	7	2	6	10	4
Scarlet Fever.....	132	...	30	79	10	11	2	...	62	35	14	5	16	102
Typhus Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Enteric Fever	4	...	...	...	1	3	...	...	1	1	1	1	...	...
Para-Typhoid Fever .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing Fever (R) Continued Fever (C) .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Puerperal Fever	1	...	...	...	1	...	...	...	1	...	...	...	...	...
Tuberculous Meningitis.....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	74	...	1	5	22	33	12	1	30	13	3	6	22	...
Other forms of Tuberculosis	36	1	8	20	4	2	1	...	12	7	2	2	13	...
Chicken Pox	372	11	86	261	11	3	...	...	156	56	70	5	85	9
Measles	672	18	163	438	41	10	2	...	180	130	25	135	202	20
German Measles	187	3	19	119	34	8	4	...	51	45	23	33	35	7
Whooping Cough	240	9	114	113	1	2	...	1	88	41	13	20	78	...
Ophthalmia Neonatorum	2	2	...	...	...	...	...	...	2	...	...	...	...	...
Pneumonia	124	4	10	27	15	27	23	18	47	26	12	12	27	2
Influenzal Pneumonia .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery Amoebic .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Malaria .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	3	...	1	...	...	1	1	...	...	2	...	1	...	...
Totals	1927	48	438	1085	145	122	61	28	659	373	170	234	491	183

NOTES TO TABLE III.

- (a) All "Transferable Deaths" of residents, *i.e.*, of persons resident in the District who have died outside it, are *included* with the other deaths in columns 2-10. Transferable deaths of non-residents, *i.e.*, of persons resident elsewhere in England and Wales who have died in the District, are in like manner *excluded* from these columns. For the precise meaning of the term "transferable deaths" *see* footnote to Table I.
The total deaths in column 2 of Table III. equal the figures for the year in column 12 of Table I.
- (b) All deaths occurring in institutions for the sick and infirm situated within the District, whether of residents or of non-residents, are entered in the last column of Table III.
- (c) All deaths certified by registered Medical Practitioners and all Inquest cases are classed as "Certified"; all other deaths are regarded as "Uncertified."
- (d) Exclusive of "Tuberculous Meningitis," but inclusive of Cerebro-Spinal Meningitis.
- (e) Title 19 has been used for deaths from Diarrhoea and Enteritis at all ages. (In the "Short List" deaths from Diarrhoea and Enteritis under 2 years are included under Title 19; those at 2 years and over being placed under Title 28).

TABLE III.

Causes of, and Ages at, Death during the Year 1925.

CAUSES OF DEATH.	NETT DEATHS AT THE SUBJOINED AGES OF "RESIDENTS" WHETHER OCCURRING WITHIN OR WITHOUT THE DISTRICT (a).										TOTAL DEATHS WHETHER OF "RESIDENTS" OR "NON- RESIDENTS" IN INSTITUTIONS IN THE DISTRICT (b).
	All ages.	Under 1 year	1 and under 2 years	2 and under 5 years	5 and under 15 years	15 and under 25 years	25 and under 45 years	45 and under 65 years	65 and up- wards		
I	2	3	4	5	6	7	8	9	10	11	
All Causes { Certified (c) Uncertified}	908	54	16	12	11	28	76	234	477	...	
	29	5	...	...	...	...	2	9	13	...
1—Enteric Fever .....	...	...	...	...	...	...	...	...	...	...
2—Small Pox .....	...	...	...	...	...	...	...	...	...	...
3—Measles	3	...	1	2	...	...	...	...	...	...
4—Scarlet Fever.....	...	...	...	...	...	...	...	...	...	...
5—Whooping Cough	2	1	...	1	...	...	...	...	...	...
6—Diphtheria and Group	2	...	1	1	...	...	...	...	...	...
7—Influenza	26	1	1	...	1	1	1	8	13	...	
8—Erysipelas	1	...	...	...	...	...	...	...	1	...
9—Phthisis (Pulmonary Tuberculosis)	44	...	...	...	1	6	18	18	1	9
10—Tuberculous Meningitis	2	...	...	2	...	...	...	...	...	1
11—Other Tuberculous Diseases	8	...	...	...	1	2	4	1	...	3
12—Cancer, malignant disease	109	...	...	...	...	...	6	43	60	7
13—Rheumatic Fever .....	...	...	...	...	...	...	...	...	...	...
14—Meningitis (See Note (d))	7	5	1	1	...	...	...	...	...	2
15—Organic Heart Disease	110	...	...	...	...	4	6	25	75	1
16—Bronchitis	77	3	...	...	...	...	...	20	54	3
17—Pneumonia (all Forms)	67	5	5	2	...	2	7	20	26	5	
18—Other diseases of respiratory organs	4	...	...	...	...	...	1	1	2	...
19—Diarrhoea & Enteritis (See Note (e))	4	3	1	...	...	...	...	...	...	1
20—Appendicitis and Typhlitis.....	5	...	...	...	...	1	...	3	1	2
21—Cirrhosis of Liver	3	...	...	...	...	...	1	2	...	...
21a—Alcoholism	1	...	...	...	...	...	...	1	...	...
22—Nephritis and Bright's Disease.....	40	...	...	...	1	...	6	12	21	4
23—Puerperal Fever	1	...	...	...	...	1	...	...	...	1
24—Other Accidents and Diseases of Pregnancy and Parturition	1	...	...	...	...	...	1	...	...	...
25—Congenital Debility and Malforma- tion, including Premature Birth...	31	30	...	...	...	...	1	...	...	11
26—Violent Deaths, excluding Suicide...	24	...	2	...	...	4	7	3	8	8
27—Suicide	6	...	...	...	...	...	2	3	1	...
28—Other Defined Diseases	343	9	4	3	7	7	15	77	221	26	
29—Diseases ill-defined or unknown ...	16	2	...	...	...	...	2	6	6	1
	937	59	16	12	11	28	78	243	490	84	

NOTES TO TABLE IV.

- (a) The total in the last column of Table IV. equals the total in column 12 of Table I., and in column 3 of Table III.
- (b) Under Abdominal Tuberculosis are included deaths from Tuberculous Peritonitis and Enteritis and from Tabes Mesenterica.
- (c) The total deaths from Congenital Malformations, Premature Birth, Atrophy, Debility and Marasmus, equal the total in Table III. under the heading Congenital Debility and Malformation including Premature Birth.
- (d) For references to the meanings of any other headings, see notes attached to Table III.

In recording the facts under the various headings of Tables I., II., III., and IV., attention has been given to the notes on the Tables.

GEO. C. BARNES,
Medical Officer of Health.
March, 1926.

TABLE IV.

COUNTY BOROUGH OF SOUTHPORT.

Infantile Mortality during the Year 1925.

Nett Deaths from stated Causes at Various Ages under One Year of Age.

(See Note (a) at Back).

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 months. months.	3-6 months. months.	6-9 months. months.	9-12 months. months.	Total Deaths under 1 year.
All causes { (Certified (Uncertified)	13 3	8 ...	3 1	... ...	24 4	12 ...	9 1	3 ...	6 ...	54 5
Small-pox .....	...	...	...	...	...	...	...	...	...	...
Chicken-pox .....	...	...	...	...	...	...	...	...	...	...
Measles .....	...	...	...	...	...	...	...	...	...	...
Scarlet Fever.....	...	...	...	...	...	...	...	...	...	...
Whooping Cough .....	...	...	...	...	...	...	...	1	...	1
Diphtheria & Croup .....	...	...	...	...	...	...	...	...	...	...
Erysipelas .....	...	...	...	...	...	...	...	...	...	...
Tuberculous Meningitis .....	...	...	...	...	...	...	...	...	...	...
Abdominal Tuberculosis (b) ...	...	...	...	...	...	...	...	...	...	...
Other Tuberculous Diseases ...	...	...	...	...	...	...	...	...	...	...
Meningitis (not Tuberculous) ...	...	...	...	...	...	1	...	1	3	5
Convulsions	1	...	...	...	1	1	2	...	...	4
Laryngitis .....	...	...	...	...	...	...	...	...	...	...
Bronchitis .....	...	...	...	...	...	2	1	...	...	3
Pneumonia (all forms) .....	...	...	...	...	...	...	1	1	3	5
Diarrhoea .....	...	...	...	...	...	...	...	...	...	...
Enteritis .....	...	1	...	...	1	1	1	...	...	3
Gastritis .....	...	...	...	...	...	...	1	...	...	1
Syphilis .....	...	...	...	...	...	...	...	...	...	...
Rickets .....	...	...	...	...	...	...	...	...	...	...
Suffocation, overlying .....	...	...	...	...	...	...	...	...	...	...
Injury at birth .....	...	...	...	...	...	...	...	...	...	...
Atelectasis	2	...	...	...	2	...	...	...	...	2
Congenital Malformations (c)...	3	...	...	...	3	...	...	...	...	3
Premature birth	7	2	...	...	9	1	...	...	...	10
Atrophy, Debility, & Marasmus	1	2	2	...	5	5	4	...	...	14
Other Causes.....	2	3	2	...	7	1	...	...	...	8
Totals.....	16	8	4	...	28	12	10	3	6	59

Nett Births registered during the calendar year	legitimate	917	Nett Deaths registered during the calendar year	legitimate.....	54
	illegitimate	56		illegitimate	5

Total 973

Total.....59

Death Rate 61. Legitimate Death Rate 59, Illegitimate Death Rate 89.

TABLE V.

Showing the total number of Cases of Infectious Disease notified in the Borough, and the Deaths resulting therefrom, during the last 10 years (1916-1925).
It includes the Deaths which occurred both in the Borough, and in the Borough Infectious Diseases Hospital (outside the Borough).

	NUMBER OF CASES OF INFECTIOUS DISEASE NOTIFIED.											DEATHS FROM INFECTIOUS DISEASE.											
	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	Total Cases for 10 years, 1916 to 1925.	1916.	1917.	1918.	1919.	1920.	1921.	1922.	1923.	1924.	1925.	Total Deaths during 10 years 1916 to 1925.	Case Mortality (of all cases) in Borough and Borough Hospital for 10 years, 1916 to 1925
Scarlet Fever	150	127	68	119	199	129	168	101	107	132	1300	1	3	2	1	...	...	2	...	...	...	9	0.69%
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	83	41	49	69	41	109	42	37	35	44	550	15	3	3	6	2	5	1	1	...	2	38	6.90%
Typhus .....	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid Fever	7	3	9	7	8	13	2	7	16	4	76	...	1	2	1	1	3	...	...	1	...	9	11.80%
Para-Typhoid Fever	1	...	3	...	...	1	...	2	1	...	8	...	...	...	...	...	...	...	1	...	...	1	12.50%
Continued Fever .....	...	...	1	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
Erysipelas	32	25	30	41	52	23	30	22	36	36	327	..	2	2	...	1	1	...	3	...	1	10	3.06%
Puerperal Fever	3	3	4	3	6	5	1	1	3	1	30	1	2	...	...	2	1	...	...	1	1	8	22.67%
Cerebro Spinal Meningitis ...	1	...	...	...	...	...	2	1	...	...	4	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis	1	...	...	...	3	1	1	1	...	...	7	..	...	...	...	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis ...	145	98	148	98	91	80	104	87	101	74	1026	47	58	51	61	44	42	43	52	65	44	507	49.42%
Other forms of Tuberculosis...	40	41	44	21	29	34	23	32	34	36	334	11	18	12	14	8	10	8	16	13	10	120	35.93%
Ophthalmia Neonatorum ...	14	14	12	23	20	12	7	6	11	2	121	...	...	...	...	...	...	...	...	...	...	...	...
*Chicken Pox	369	407	327	269	426	412	119	307	249	372	3257	...	...	...	...	...	...	...	...	...	...	...	...
*Measles	1062	318	862	125	499	890	170	1064	288	672	5950	21	1	4	1	2	2	1	9	2	3	46	0.77%
German Measles	73	142	55	43	44	53	26	16	23	187	662	...	...	...	...	...	...	...	...	...	...	...	...
*Whooping Cough	122	381	238	79	262	293	208	121	292	240	2236	...	4	3	2	3	5	9	...	4	2	32	1.43%

The following additional notifications were received :—Pneumonia (all forms) 124; Encephalitis Lethargica, 3.

* Chicken Pox, Measles, and Whooping Cough were made compulsorily notifiable in Southport in May, 1902, and Cerebro-Spinal Meningitis, Poliomyelitis, and Ophthalmia Neonatorum in February, 1912.
Measles, German Measles, and Whooping Cough :—Only the first case in a house in two months is notifiable.

TABLE VI.—Cases of certain Infectious Disease treated in the Borough Infectious Diseases Hospitals during the last 10 years, 1916 to 1925.

	1916	1917	1918	1919	1920	1921	1922	1923	1924	1925	Totals for the Ten years, 1916 to 1925
	x	x	x	x	x						
Scarlet Fever.....	118	102	54	90	140	94	125	84	87	102	996
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	49	31	34	53	31	84 ^o	34	29	29	39	413
Typhoid Fever	3	1	6	1	4	8	...	1	12	...	36
Erysipelas	2	3	2	4	4	5	4	3	5	4	36
Puerperal Fever .....	...	2	2	1	3	4	...	...	...	...	12
Measles	3	3	4	1	2	17	2	5	3	20	60
German Measles .....	...	...	...	2	...	1	...	...	...	7	10
Chicken Pox	1	...	...	1	1	...	...	...	1	9	13
Cerebro-Spinal Meningitis .....	...	...	1	..	1	...	...	...	...	...	2
Ophthalmia Neonatorum	3	...	4	10	5	...	3	...	...	...	25
Totals	179	142	107	163	191	213	168	122	137	181	1603
Miscellaneous Cases	78	42	8	15	22	20	10	9	22	14	240
Pneumonia .....	...	...	...	1	1	...	1	1	...	2	6
Influenzal Pneumonia	...	...	12	...	...	...	...	...	...	...	12
Tuberculosis	41	37	46	53	45	50*	48*	52*	50*	61*	483
	298	221	173	232	259	283	227	184	209	258	2344

* Including cases from outside the District:—¹⁹²¹₁₇ ¹⁹²²₁₀ ¹⁹²³₅ ¹⁹²⁴₁₀ ¹⁹²⁵₁₉
^o Including two imported cases.
^x Including Military Cases.

DEATHS AMONG THE ABOVE.

Scarlet Fever.....	1	3	2	1	...	...	1	1	...	1	10
Small Pox .....	...	...	...	...	...	...	...	...	...	...	...
Diphtheria	8	2	1	4	1	5†	...	2†	...	2	25
Typhoid Fever .....	...	...	...	...	1	1	...	...	1	...	3
Puerperal Fever .....	...	1	...	...	...	1	...	...	...	...	2
Measles .....	...	...	...	...	...	...	...	1	...	...	1
Ophthalmia Neonatorum	...	...	1	...	...	...	...	...	...	...	1
Tuberculosis	10	10	17 ^o	7 ^o	14 ^o	5	6 ^o	15	8 ^o	9	101
Pneumonia .....	...	...	5	...	...	...	...	...	...	1	6
Erysipelas .....	...	...	...	1	...	1	...	...	...	...	2
Infantile Diarrhoea	...	...	...	...	1	...	...	...	...	...	1
Tuberculous Meningitis	...	...	...	...	...	...	...	1	...	...	1
Encephalitis Lethargica .....	...	...	...	...	...	...	1	...	1	...	2
Totals	19	16	26	13	17	13	8	19	10	13	155

† Including one non-resident of Southport.

^o Including 3 non-residents of Southport in 1918, 2 in 1919, 3 in 1920, 1 in 1922, and 1 in 1924.

TABLE VIII.

Vital Statistics.—Enlarged Borough of Southport (including Southport, Birkdale, and Ainsdale).

NOTE.—The figures given in this Table, except in columns distinguished as “native” or “local,” are gross figures, without correction, and on that account may in some cases be found to differ from the figures given in Tables I. to IV., which are corrected in accordance with the requirements of the Ministry of Health, as stated in the notes appended to them.

YEAR.	BIRTHS.		DEATHS.					DEATHS FROM																	DEATHS OF PERSONS AGED,						ANNUAL RATES PER THOUSAND LIVING.						Population. (Estimated to Middle of Year.
	Male.	Female.	Male.	Female.	Resident more than One Year.	Resident less than One Year.	Bad Lives Imported	Seven Zymotic Diseases.	Small Pox.	Measles.	Scarlet Fever.	Diph- theria.	Whoop- ing Cough.	Fever.	Diarrhoea	Cholera and Choleraic Diarrhoea	Diseases of the Respira- tory Organs.	Phthisis.	Violence.	Imported Phthisis.	Imported Diseases of Respira- tory Organs.	Deaths in Public Institu- tions.	Deaths under One Year of Age to 1000 Births.	0—1.	1—5.	5—15.	15—25.	25—60.	60 and upwards.	Births.	Deaths, Gross.	Deaths, Local.	Deaths, Zymotic.	Deaths, Native Phthisis.	Deaths, Diseases of Res- piratory Organs, Gross.	Deaths, Diseases of Res- piratory Organs, Local.	
1912	526	502	430	459	787	102	88	22	—	6	1	10	3	2	—	—	129	55	25	12	11	87	77	79	38	33	23	259	457	14.55	12.58	11.34	.31	.61	1.83	1.67	70,640
1913	524	539	406	480	791	95	87	38	—	3	1	2	5	1	26	—	137	52	26	9	14	73	92	98	30	14	31	249	464	14.95	12.46	11.24	.53	.60	1.93	1.73	71,092
1914	505	511	449	525	886	88	64	33	—	10	1	5	8	1	8	—	178	50	23	7	9	100	104	106	49	23	23	264	509	14.16	13.58	12.68	.46	.60	2.48	2.36	71,747
1915	486	491	456	574	932	98	77	26	—	5	6	8	5	—	2	—	164	49	31	7	5	85	90	88	46	35	35	293	533	13.63	15.20	14.06	.38	.62	2.42	2.35	67,700
1916	513	495	441	505	851	95	72	41	—	21	1	15	—	—	4	—	142	47	24	8	11	79	83	84	52	32	25	245	508	14.06	14.12	13.04	.61	.58	2.19	1.96	67,000
1917	390	395	378	517	806	89	72	13	—	—	3	3	4	1	2	—	130	51	25	6	13	83	80	63	44	28	30	234	496	10.95	13.56	12.47	.20	.68	2.00	1.77	66,000
1918	404	372	465	579	927	117	83	22	—	4	2	3	3	2	8	—	148	51	16	13	14	88	61	47	55	45	64	335	498	10.82	15.79	14.56	.33	.58	2.24	2.03	66,000
1919	446	431	476	562	961	77	60	24	—	2	1	6	2	1	12	—	160	51	30	1	10	103	93	82	36	26	53	332	509	12.23	14.83	14.01	.33	.71	2.20	2.14	70,000
1920	662	597	438	477	889	26	17	14	—	2	—	1	3	1	7	—	125	46	28	7	15	87	54	68	22	24	33	282	486	17.23	13.07	12.11	.20	.56	1.79	1.57	70,000
1921	554	566	411	483	874	20	16	25	—	2	—	6	5	2	10	—	129	38	26	7	2	96	66	74	29	15	34	244	496	15.58	12.43	12.21	.35	.43	1.79	1.77	71,900
1922	538	468	441	501	927	15	15	18	—	1	2	1	9	—	5	—	163	42	32	3	1	92	59	59	32	19	43	243	546	13.97	13.78	12.87	.25	.54	2.26	2.25	72,020
1923	514	498	438	502	929	11	10	20	—	9	—	2	—	—	9	—	159	55	26	7	8	98	63	64	40	14	26	250	546	13.98	12.98	12.84	.28	.66	2.20	2.09	72,410
1924	505	447	431	546	959	18	16	11	—	2	—	—	5	1	3	—	155	65	32	9	11	95	63	56	35	12	31	253	590	12.93	13.26	13.02	.15	.76	2.10	1.95	73,650
1925	500	488	401	479	845	35	41	9	—	2	—	3	2	—	2	—	146	37	26	2	10	85	58	58	26	12	25	221	538	13.30	11.85	11.30	.12	.47	1.97	1.83	74,260

(For the years 1871-1911 see Report for year 1915).

TABLE IX.—VENEREAL DISEASES.

RETURN relating to all persons who were treated at the Treatment Centre at Southport during the year ended the 31st December, 1925.

	Syphilis.		Soft Chancre.		Gonorrhoea.		Conditions other than Venereal.		TOTAL.	
	Males	Females	Males	Females	Males	Females	Males	Females	Males	Females
1. Number of cases which—										
(a) at the beginning of the year under report were under treatment or observation for	92	63	2	—	101	75	7	5	202	143
(b) had been marked off in a previous year as having ceased to attend or as transferred to other Centres, and which returned to the Treatment Centre during the year under report suffering from the same infection	1	2	—	—	1	2	6	—	8	4
TOTAL—Items 1 (a) and 1 (b).....	93	65	2	—	102	77	13	5	210	147
2 (a). Number of cases dealt with at the Treatment Centre during the year for the first time	43	20	—	—	74	29	34	24	151	73
TOTAL—Items 1(a), 1 (b) and 2 (a)...	136	85	2	—	176	106	47	29	361	220
2 (b). Number of cases included in Item 2 (a) known to have received previous treatment at other Centres for the same infection	3	—	—	—	4	—	1	—	8	—
3. Number of persons who ceased to attend the out-patient Clinic										
(a) before completing the first course of treatment for	3	—	—	—	6	—	—	—	9	—
(b) after one or more courses but before completion of treatment for	2	—	—	—	—	—	—	—	2	—
(c) after completion of treatment, but before final tests as to cure of	4	1	—	—	15	—	—	—	19	1
4. Number of persons transferred to other Treatment Centres after treatment for	16	2	—	—	21	2	—	—	37	4
5. Number of persons discharged from the out-patient Clinic after completion of treatment and observation for	12	2	—	—	24	7	20	15	56	24
6. Number of persons who, on the 1st January, 1925, were under treatment or observation for	99	80	2	—	110	97	27	14	238	191
TOTAL—Items 3, 4, 5, and 6.....	136	85	2	—	176	106	47	29	361	220
7. Out-patient attendances :—										
(a) For individual attention by the Medical Officer	1041	972	10	—	1616	709	231	63	2898	1744
(b) For intermediate treatment, e.g., irrigation, dressings, etc.	61	180	—	—	1812	2580	41	190	1914	2950
Total attendances.....	1102	1152	10	—	3428	3289	272	253	4812	4694
8. Aggregate number of “ In-patient days ” of treatment given to persons who were suffering from	265	419	—	—	281	368	85	58	631	845

9. Examinations of Pathological material :—	For detection of			For Wassermann Reaction.
	Spirochetes.	Gonococci.	Other Organisms.	
(a) Specimens which were examined at, and by the Medical Officer of, the Treatment Centre	—	—	—	—
(b) Specimens from persons attending at the Treatment Centre which were sent for examination to an approved laboratory...	2	21 G.C.F. 9 Cultures 550 Smears	17	1 C.S.F. 438

